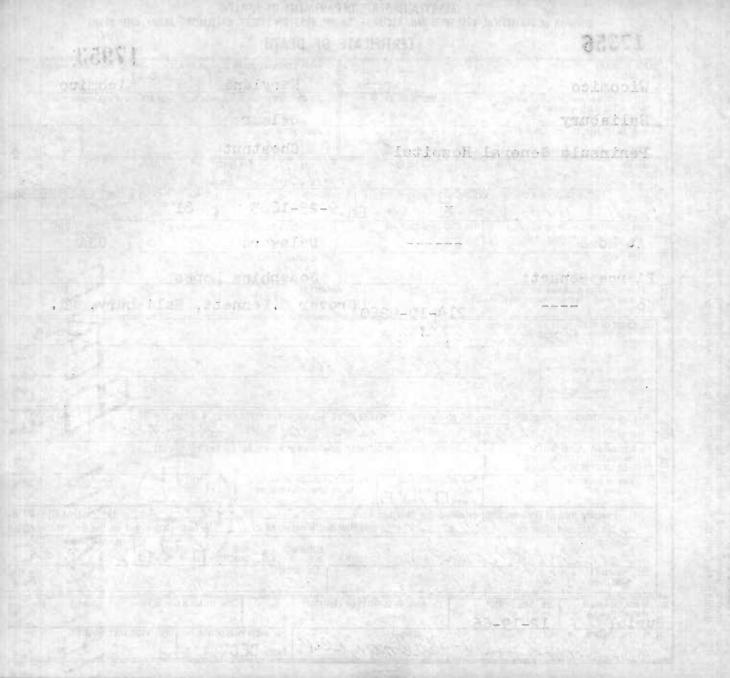
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17956 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland b. COUNTY Wicomito o. COUNTY Wicomico MARYLAND event, within 72 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) campletely filled in by the nove carban papers. Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Delmar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Chestnut Peninsula General Hospital YES NO X physician and campletely fen please remove carban NAME OF 4. DATE Lost Month Doy Year DECEASED QF (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED log birthdoy) Months Doys Hours 9-25-1885 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) burial, cremation, ar remayal, and in during most of working life, even if retired) **INDUSTRY** COUNTRY Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ng phy Then Pierce Bennett Josephine Lopes WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no or unknown) (If yes give wor or dotes of service) bittendi permit. Grover C. Bennett. Salisbury. Md. 214-10-925 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line, for, (o), (b), and (c). signed by the burial-transit p the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO has been sise as the the priar tab stoting the underlying couse lost far use as PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN WAS AUTOPSY PERFORMED? directar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 1966, that (1) (we) lost PM, from causes and on the date stated above. and that death accurred at // sow the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2-19-66 Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17957 and in ony event, within 72 hours after death. within 24 haurs after deoth. by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o COUNTY o. STATE Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury papers. filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO DO 304 Hammond St YES Peninsula General Hospital 3. NAME OF DATE remove corbon Lost Doy Year completely DECEASED Dacox 19 66 (Type or print) GTT.BERT DEATH requires that the deoth certificate be executed IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED WIDOWED July 26,1960 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? éase during most of working life, even if retired) INDUSTRY Salisbury, Maryland None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert D. Bacon Helen Lee Pack or rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & Mrs. Robert Bacon (Parents) Mr. Hammond Street, Salisbury, Maryland INTERVAL BETWEEN no cremotion, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c): ONSET AND DEATH buriol-tronsit PART 1. OEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) signed by Poge 4 may be retained by the hospital or attending physicion. DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUF TO os the prior tal stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Health NO Ex 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) N/A 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 1966, that (I) (we) lost and that deoth occurred at 10:357 M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATUR AT TENDING M.D. DIRECTOR PHYS. director, poge 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Medica. Center, Salisbury 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Mardela, Maryland Dec. 10. Mardela Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2.5		17958	CERTIFICATE	OF DEATH	17	955
by the funeral Pages 1 and 2 and 2 and 2 and 2 and 2		LACE OF DEATH		2. USUAL RESIDENCE (Wh	nere deceased lived, if institution: Reside	nce before admission)
fune 1 o er d		Wicomico	MARYLAND	MARVIL	AUL O	DC ESTEL
ges aft	ŀ	. CITY OR TOWN (If outside corporate limit	s, c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outs	ide carporote limits, write RURAL and gi	ve neorest town)
Pa		write RURAL and give nearest tawn) Salisbury		OCIE	N CITY	23.2
2 Pho	-	. NAME OF HOSPITAL OR INSTITUTION (If n	at in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
and campletely filled in by the furemave carban papers. Pages 1 n any event, within 72 haurs after		Peninsula Gener	cal Hospital	N. PIHI	LA HUE	YES NO
音楽			irst Middle	Lost	4. DATE Manth	Day Year
campletely nave carban iy eyent, wi	(	Type or print) John	CALVIN	BAKER	DEATH Jechner	
ve ve	S. S	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER  last birthday) Months	R I YEAR   IF UNDER 24 HRS.   Doys   Hours   Min.
d cc ma	12	rate white	WIDOWED DIVORCED	MAR9 19	2 HILL YIS.	
ician and ca lease rema and in any		USUAL OCCUPATION (Give kind of work done or grow of working life, even if retired)	IMPLICTOY	11. BIRTHPLACE (County &	Stote, or foreign country) 12. (	ITIZEN OF WHAT OUNTRY?
ease		LUMBER	S GLE EMP.	10CGA	X CITY MOI 1	1.S.A.
hysi lal, lal,	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	,ME	
g pl		JAMBEL BA	KBR	MILDR	ED LONGET	
attending physician and bermit. Then please rem an, ar remaval, and in an		WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar upknawn) (If yes give war ar dates		INFORMANT	Address	a- NI
attendi permit. ian, ar r		No No	213-16-83641	VIRS JU	DAKER UCEA	MINI
		18. CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY:	1112 11 411 11	PALLER	no star	ONSET AND DEATH
by the transit p crematic		IMMEDIATE CAUSE		Carren	omyuses	1000
signed by the burial-transit burial, cremat		Conditions, if any, which gave	10 (Moundan	1 Ld /III	nus	Month
signed burial-t burial,		rise to immediate couse (o),	(b) COO COO COO COO COO COO COO COO COO CO	JAW JUDO	1	
been s the ior ta		stating the underlying cause last.	(c)			
s be		PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
icate has been far use as the Health prior ta	ATION					PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II af item 18.)	
ed ed of		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
iis c tach Dept	MEDICAL	20c. TIME OF INJURY Manth, Day, Year		ACE OF INJURY (Hame, farm, tary, street, office bldg., etc.)	20f. (City or town) (C	ounty) (State)
de de	WE	Haur a.m. p.m.	While at work at work fac	rary, street, office blag., etc.)	//	
Affe   be   Sto		21. I certify that (I) (this ha	spital) attended the deceased fram_		6 to 12/18, 19	that (I) (we) las
aulo aulo		saw the degeosed aliveron_	19 ond the	it deoth occurred at_	918 M, fram couses ond on	
With State of the		22a. SIGNATURE	1/1		MED. STAFF	DATE SIGNED
DIR Je		20- DINCICIANIC	N.	D. PHYS. D	HRECTOR L PHYS. L	1.
TO FUNERAL DIRECTOR: After this certical director, page 3 shauld be detached should be filed with the State Dept. or	14	22c. PHYSICIAN'S NAME (Type) H, H. Z	briele	Munica	& Center Gallish	un mel
ctar uld	23a	BURIAL, CREMATION, 23b, DATE TH	HEREOF   23c. NAME OF CEMETERY OR	CREMATORY	23d. LQCATION (City or Town)	(County) (State)
Sho dire		APMOVAL (Specify) 1	21/66 EVER 6	-	BELYIN	WORME
W	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	
VR A15 (4)		A. B. 10	ut are Beilin	Men HEC 9	2.7 1966 Mclianle	en Judge

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Leritono de la contino.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaased lived, If institution: Rasidence before edmission) a. COUNTY necessary, a. STATE b. COUNTY ō Wicomico director. Page or your files. MARYLAND Marvland Wicomico b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State after 731 N. Westover Drive retained 731 N. Westover Drive YES NO X 3. NAME OF Middle 4. DATE Month Year DECEASED (Typa or print) DEATH 19 66 Dec. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours WIDOWED Male Colored DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) Aborer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17, INFORMANT (Yes, no, or unkown) | (Ifyasgiva war or datas of servica) CASSIE BARNES TERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Complete body burns IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (h) gave risa to immediate cause DUE TO (a), stating the undarlying Examiner cause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? Medical NO X plnods 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) 0 PRIMARY OF CONTRIBUTING Occupant of house that burned down Chief MEDICAL p 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, streat, office bldg., etc.) Whila Not While to the at work at work Salisbury Wicomico should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 66 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 NAME (Type) Philip A. Insley Addrass (Street, city, town, or county) Salisbury. 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 40 1 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 5M 1/63

2 15-170 E SY bock Louting pro 1 1151 Jahres Barres Haw in the following the second of the secon nia l

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17960 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral nave carbon papers. Pages 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Maryland Somerset.
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Salisbury c. LENGTH OF STAY IN 1b Deal Island d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pine Bluff State Hospital YES NO TO within 3 NAME OF First Middle 4. DATE Last Manth Day Year DECEASED Thomas Raymond Benton (Type or print) DEATH December 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Male White WIDOWED X DIVORCED Aug. 22, 1892 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? waterman Somerset Co., Md. U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eddie Benton Etta Tawes 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records of Pine Bluff State (Yes, na, ar unknawn) (If yes give war ar dates af service) 5 220-32-0897 Hospital, Salisbury, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART t. DEATH WAS CAUSED BY ONSET AND DEATH Pulmonary Tuberculosis IMMEDIATE CAUSE (a). DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause os the the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? of Heolth NO Senility 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark Poge 4 moy be retoined by 21. I certify that (this haspital) attended the deceased fram Oct. 8 , 1966, ta Dec. 3 , 1966, that (\$\text{\$k}\$ (we) last saw the deceased glive an Dec. 3 1966, and that death accurred at 3:35 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. Expitaline Dec. 5, 1966 X M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Pine Bluff State Hospital NAME (Type) E. P. Ritchings. MdD. Salisbury. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) 24. FUNERAL DIRECTOR MD DEAL ISLAND SOM EMEIRY 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 Miarlen

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17961 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence 1. PLACE OF DEATH b. COUNTY Wicomico O. COUNTY Wicomico o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 835 S. Division St. Peninsula General Hospital YES NO A 3. NAME OF Middle 4 DATE Doy Year First DECEASED 5 DEATH ReeM 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Hours DIVORCED EX Dec. 28,1903 WIDOWED 62 yrs. 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Siloam, Waryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lizzie Bell Malone Lee Thomas Bounds Mr. Chester R. Bounds (Brother)
Houte #2, Box 55, Berlin, Maryland WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 216-18-2506 no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldq., etc.) Hour a.m. Not While 19 ot work ot work 19 66 to 21. I certify that (I) (this hospital) ottended the deceased from. and that death occurred at 835 M, from causes and an the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** MED.
DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland Dr. Norbret Fleisig 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Siloam, Maryland Siloam Cemetery 1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

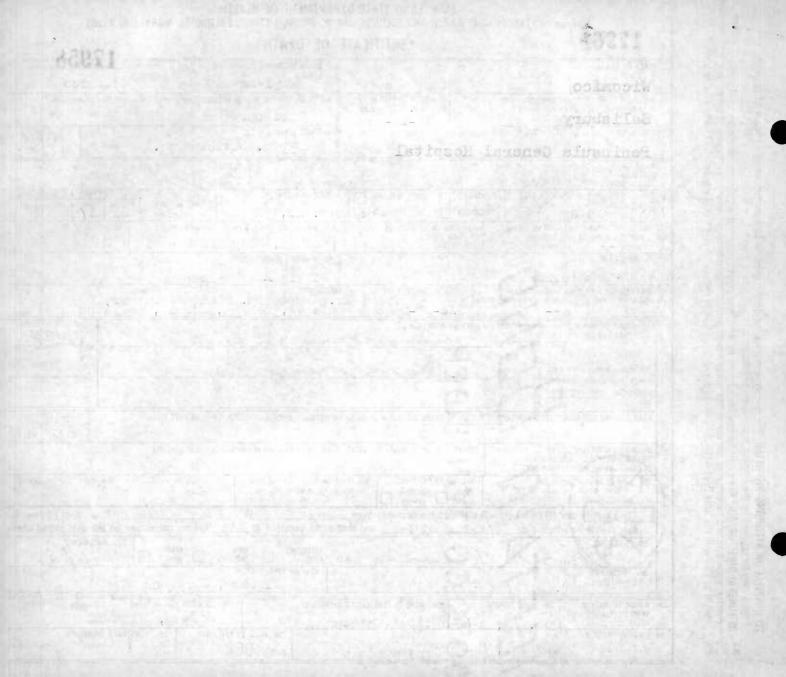
invier

\$56

DATE

deoth requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and puo ents within 72 hours ofter tarbon popers. completely filled in remove/ and in any attending physicion opermit. Then please cremotion, or removal, permit. signed by the buriol-transit p Page 4 may be retained by the haspital or attending physicion. burial, os the this certificate has been detached f te Dept. of ! 3 should I O FUNERAL DIRECTOR: director, poge should be filed

> VR A15 (4) 20 M 1/66



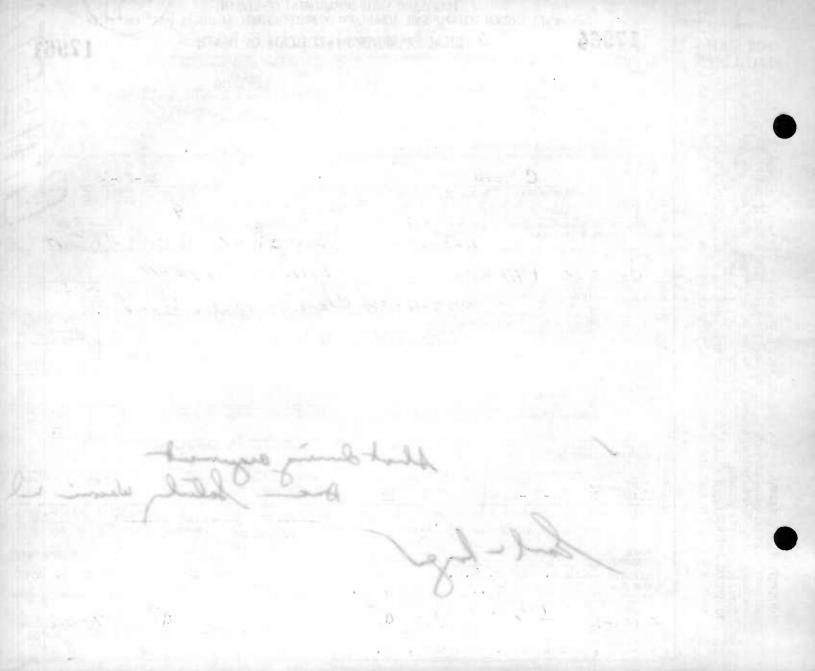
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Rasidance before edmission) a. COUNTY b. COUNTY MARYLAND Maryland Wicomico Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerast town) write RURAL end give naarast town) .5-Mardela Mardela within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X papers. n 72 ho completely 3. NAME OF First Middle 4. DATE Month Dey Yeer DECEASED OF (Typa or print) DEATH within 1966 Dec. carbon 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED pue last birthday) Months Min. Days Male White WIDOWED DIVORCED physician remove 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retirad) any Cashier Bank Mardela, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 affending and Annie Bounds 1 Thomas Bounds Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address removal (Yas, no or unkown) (If yes give wer or dates of sarvica) Clara Bounds, Mardela, Md. 18. CAUSE OF DEATH [Entar only ona causa par line for (a), (b), and (c). INTERVAL BETWEEN affending physician been signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physical rate of the sentificate has been signed and for use as the burial-transit positive prior to burial, cremation, or cremation, DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION detached for use as PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH be retained by the SCTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) Not Whila at work at work may be retained DIRECTOR: p.m to 12/28, 1966 that (1) (ast 1966 saw the deceased alive on...... 22a. SIGNATURE 226. DATE ATTENDING SIGNED death. Page 4 TO FUNERAL 1 PHYS. DIRECTOR PHYS. M.D page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard Hughes Salisbury, Md. filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) D F B Mardela Mardela. Md. 12-31-66 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 20M 5-63

. E , michigan militare di militare dell'anno di militare di militar . P. . Woods at the Company of the order of the company ALL SELECTION OF THE SE the Repland Me Copin 25 W. may an in the many

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 17960CERTIFICATE OF DEATH 17963 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and aval, and in any event, within 72 haurs after deat 1. PLACE OF DEATH a. COUNTY a. STATE Wicomico Maryland MARYLAND Wicomico CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Salisbury Salisbury 6 Yrs. it. Then please remove carban papers. or removal, and in any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pringhill Sanitarium Camden Ave., Ext. YES NO IX 3. NAME OF First Middle Last DATE Month Day Year DECEASED MYRTLE GORDY BRIELE 12 1966 (Type ar print) DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Months Hours Days White Female. 10-30-1879 WIDOWED X DIVORCED 1Da. USUAL OCCUPATION (Give kind af wark dane 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
House wife COUNTRY? INDUSTRY Own Home Maryland
14. MOTHER'S MAIDEN NAME II S A 13. FATHER'S NAME Alison W. Gordy Alena Knowles 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes no, ar unknawn) (If yes give war ar dates af service) Unknown Mr. Henry A. Briele, See Sec #2 signed by the attention of burial-transit permits burial, cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City ar town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Not While foctory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this hospital) attended the deceased from Och 19 00 to 1905 5, 1906, that (1) (We) last 1966, and that death occurred at 1201 M, from causes and on the date stated obove. Noc saw the deceosed alive on\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 12-5-1966 M.D. filed \ PHYS r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Thomas C. Hill Salisbury, M ryland director, should be 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23b. DATE THEREOF (County) (Stote) Quantico Meth.Ch. Quantico Maryland
EGISTRAR 2Sb. REGISTRAR'S SIGNATURE 12-7-1966 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Willianles Judge VR A15 (4) 20 M 1/66 Hill Funeral Home Salisbury, Maryland DATREC 8 1966

4			
		a sail a line and	
P P 0			
			Control of booking
			THE RESERVE OF THE PERSON OF T
	Are about the		
			Company of Recording

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17964 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY and 3 to Wicomico af Mary Land death MARYLAND Wicomico Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI in Item 18. Give Pages 1, 's Office alang with farm haurs ON A FARM? DOA Peninsula General Hospital 409 Lake St. YES NO EX ate 24 haurs after death. 3. NAME OF Middle First Lost 4. DATE Month Doy Year within 72 DECEASED BRENE BRIGGS 12-25-66 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Hours AA WIDOWED DIVORCED event 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY pages 1 in any ADORER 13. FATHER'S NAME This certificate should be executed within File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Part 1 of Part 1 INTERVAL BETWEEN Bullet wound of heart D IMMEDIATE CAUSE (o) ecute the certificate, writing the ward Page 4 shauld be farwarded ta the Ch burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO D stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS \
PERFORMED? YES X please execute the certificate. NO agent, priar ta 2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 2Db. DESCRIBE HOW CURRED (Enter noture of injury in Port I or Port II of item 18.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH. 2De. PLACE OF INJURY (Florm, form, foctor) street, office bldg., etc.) 2Dc. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED may be retained far yaur FUNERAL DIRECTOR: Page Not While of work 12-25-66 ot work 21. I certify that I took-charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion Accident -Homicide X Undetermined monner deoth resulted from Notwool couses - Suicide [ CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY L. Royer, M.I DEPUTY MEDICAL EXAMINER 3 December 27, 1966 Health 09 Camden Ave. S61 Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23o. BURIAL, CREMATION, (County) (Stote) 0 BEMOVAL (Specify) 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR REGISTRAR'S, SIGNATURE() VR A15ME (5) Jolley Funeral Home, Salisbury, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death 1. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Her C b. COUNTY b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) the MARYLAND Marvland Wicomico Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours hours 8 三 Salisbury 66 &Pittsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES \_ NO Peninsula General Hospital Rural completely ve carbon p executed within 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED JOHN FRANKLIN BRITTINGHAM December 66 (Type or print) DEATH 19 and con 5. SEX 6. COLOR DR RACE DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 8. 7. MARRIED X NEVER MARRIED White Male WIDOWED OIVORCED May 12. 10e. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe COUNTRY? during most of working life, even if retired) INDUSTRY Pittsville, Maryland Farmer Retired Farming nding physic Then plear removal, at certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remov Minerva Parker Elijah J. W. Brittingham 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. INFORMANT 17. Address Brittingham death (Yes, no, or unkown) (If yes give war or dates of service) Lillie M. Mrs. Lillie M. Britt Pittsville, Maryland 218-48-6197 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES ND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While OR ATTENDING be retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9:40 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENDING STAFF PHYS. Page 4 may b Dec. PHYS. M.O. DIRECTOR 22c. PHYSICIANUS ADDRESS Center, Salisbury, Maryland NAME (Type) Medical J. Burton Oswald 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Pittsville, Maryland Pittsville Cemetery 1966 Dec. 1/ Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles COMPANY, SALISBURY, MARYLAND 1966 VR A15 (4) 15M 4-64

the last trace distanted by the last CALL STATE OF THE 7:22 The state of the s The second of th 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where dacaased livad, If institution: Residence bafora edmission) 1. PLACE OF DEATH a. COUNTY executed within 24 hours a. STATE b. COUNTY Wicomico 후 건 후 Wicomico Marvland MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town) Salisbury hours after Salisbury completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE Gav Parsons ON A FARMS Peninsula General Hospital papers. n 72 hou YES NO PA NAME OF Middla DATE Month Year DECEASED OF December Frances (none) Bruce 19 66 (Typa or print) rbon Viithii 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR physician and ast birthday) Months event, 11,1887 White certificate Female Aug. WIDOWED DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, avan if ratirad Ohio USA at home nome please = 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Ida Mitchell John E. Bruce Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyesgivawarordatasofsarvice) John B. Parsons Home for Aged no attending physician. þ 18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).] INTERVAL BETWEEN 0 ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO has been Conditions, if (b) gave risa to immediata cause DUE TO (a), stating the undarlying the 0 cause last. After this certificate the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as 0 CERTIFICATION PERFORMED? use prior NO K for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I of Part II of itam 18.) Health OR CONTRIBUTING [ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20e. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 1 20f. (City or town) (County) (State) ŏ factory, streat, offica bldg., atc.) Whila Not Whila Hour a.m. DIRECTOR: Dept. at work at work p.m. 9 19 6 to 12 plnods State .A.M., from the causes and on the date stated above. saw the deceased alive on 19.6 and that death occurred at 12. may DATE 22a. SIGNATURE ATTENDING SIGNED HOSPITAL FUNERAL page with th DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Typa) Pelij death. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) BURIAL, CREMATION, 236, DATE THEREOF S gi Ft. Lincoln Crematory Washington, DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL VR A15 (4) Salisbury.Md Wallace 20M 5-63

MARYLAND STATE

DEPARTMENT OF HEALTH

A Committee of the same of the COOP, LO TELL COMMENT STREET STREET ACTION OF THE RESERVE OF THE PARTY OF THE PA A Representation of the contract of the contra HER TO BURGE BY A CONTRACTOR OF THE CONTRACTOR OF THE SAME OF THE

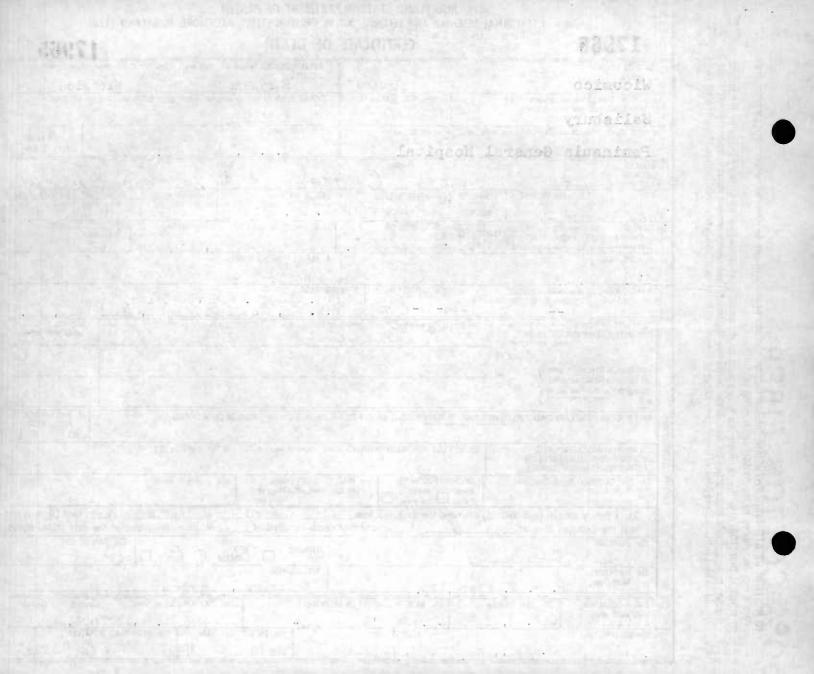
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17964 17967 lease remove corbon papers. Pages 1 ond ond in any event, within 72 hours ofter death filled in by the funeral papers. Pages I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY Wicomico o. STATE b. COUNTY Marvland Dorchester MARYLAND ertificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Salisbury Adm. 1n 1p 12/28/68 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Galestown Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? R.D.#3 Peninsula General Hospital Seaford Del. NO IX YES 3. NAME OF please remove corbon Middle DATE Lost Doy Year physician and completely DECEASED (Type or print) ANTHONY DEATH S SEX COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months 2 Hours Oct.21/1899 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. €ITIZEN OF WHAT COUNTRY? New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, (Unk) Unk' offending Nrs.Estelle Hoffman Capp (Wife (Same as Item#2 above)Ph-301-1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service permit. 00-01-8062 CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH anter Orsewr signed by t IMMEDIATE CAUSE (o) 4 moy be retoined by the hospitol or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES V NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 19 1966 that (1) (we) last ta 14 , and that death accurred at 3:30 PM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED. MED. DIRECTOR ATTENDING STAFF M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (TYDER - Richard E. Hughes Medical Center Salisbury Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) Pine Lawn Cemetery Jan.4/1966 Long Island, New York 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 & YAWOLIOH COMPANY SALISBURY MARYLAND

13071	The state of the s
	bolavoju.
	ac villa. Villa villa itua
	Leafanel Leagues without that
The street of the section	
	According to the street of the street
E Plantage To Care	A CONTRACT OF THE PARTY OF THE
Weller Double & Labour, Day	n Angli S. Bir ibil. 200 M
	mo that setal spet/of and I was
	ANTENNAME OF THE STATE OF THE STATE OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem 10 Film CERTIFICATE OF DEATH 17968 death. requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) by the funeral PLACE OF DEATH Wicomico o. STATE b. COUNTY Maryland Wicomico emave carban papers. Pages 1 any event, within 72 haurs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital R.D. #4. YES NO Ocean City Road 3. NAME OF Middle 4 DATE Month First Lost Doy Year campletely DECEASED ARTHUR (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER I YEAR 7. MARRIED NEVER MARRIED attending physician and camp permit. Then please remave lost birthdoy) Months Hours Feb. 23, 1900 DIVORCED WIDOWED White during most of working life, even if retired) 12. CITIZEN OF WHAT esmannoustry Meat 11. BIRTHPLACE (County & Stote, or foreign country) ond in COUNTRY? Owner & energtorRetirthintenance Serv. Harford County, Marylan 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval Mary Bradley William Cochran 17. INFORMANT Address . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Mary A. Cochran (Yes, no, or unknown) (If yes give wor or dotes of service) 214-10-7394 City Road. Salisbury Ocean INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) While Not While of work ot work 19 4 that (N (we) last . 19 44 to 21. I certify that (I) (this haspital) attended the deceased fram. 3 shauld 19 (2) and that death accurred at 12 6/1M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR **ATTENDING** STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Dec. St. John's Cemeterv Long Green, Harford, Mary Land 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) DATE DEC 5 19\$6 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17969

CERTIFICATE OF DEATH

17966

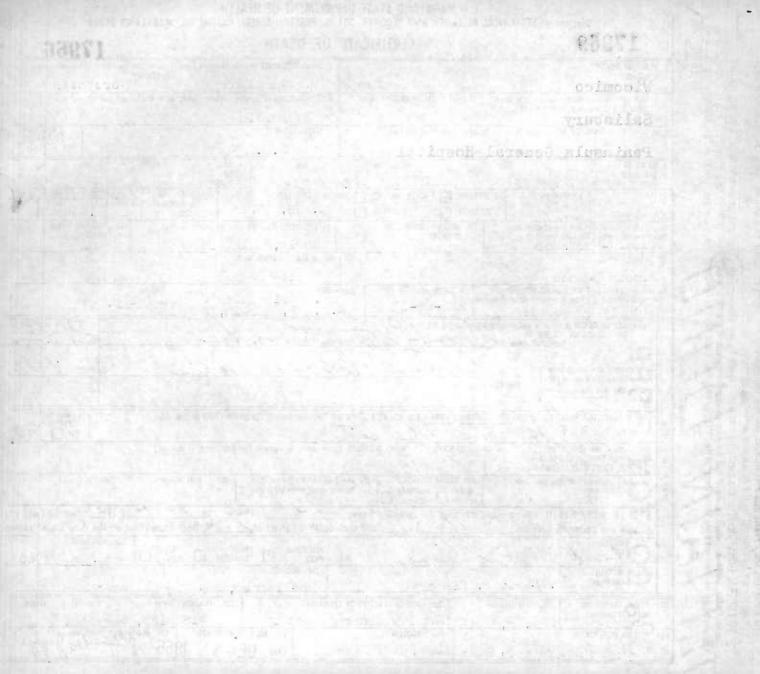
. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived	
o. COUNTY Wicomic	0	MARYLAND	a. STATE Maryland	b. COUNTY Worcester
b. CITY OR TOWN (If	outside corporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limit	
Salisbu	give nearest tawn)		Berlin	23.2
	OR INSTITUTION (If not in hos	inital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
				ON A FARM?
	la General		R.D. #3	
3. NAME OF DECEASED (Type or print)	Toseph	CLINTON D		Manth Day Year
S. SEX	6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH 9. AGE (	In years IF UNDER 1 YEAR IF UNDER 24 HRS. pirthday) Months Days Hours Min.
male	White WIDO	OWED DIVORCED	Oct. 22, 1922	4 yrs. 1 12
IOa. USUAL OCCUPATION	Give kind of wark done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign co	untry) 12. CITIZEN OF WHAT
during most of working li	e, even if retired) rucker	INDUSTRY	Lewis, Delaware	COUNTRY?
13. FATHER'S NAME	1 401101		14. MOTHER'S MAIDEN NAME	0.022
Danales Tie			Months Ton-	
Brooks Da		T 16. SOCIAL SECURITY NO. 17. 1	Martha Long	Address
(Yes, no, or unknown) (	IN U.S. ARMED FORCES? If yes give wor or dotes of service		rs. Doris Helen Daws	son (wife)
Yes	War II	1555-03-1351	R.D. #3, Berlin, Mary	zland
1B. CAUSE OF DEA	TH (Enter only one cause per WAS CAUSED BY:	ing for (o), (b), ond (c).)	. 1	INTERVAL BETWEEN
	IMMEDIATE CAUSE LA	overey Wiles	y litomboses	I the leaver
420.1	DUE TO	10 0 1	1,0 1	1 2 11
Conditions, if ony,	which gove ) (b)	Coronery Co	herosclerosis	2/1/2
rise to immediate stating the underl		0		
last.	(c)			
PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIBLE	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY
20g. ACCIDENT WAS	( linketo	- THOULD		PERFORMED?
20g. ACCIDENT WAS	IINDERI VING I	205 DESCRIBE HOW INJURY OCCUPRED	(Enter noture of injury in Port I or Port II of i	
OR CONTRIBUTING	CAUSE OF DEATH	N/A	teries notice of mory in for the form of the	10.1
			CT OF INHIBN (II	(Canada)
20c. TIME OF INJUI			CE OF INJURY (Home, form, 20f. (City ory, street, office bldg., etc.)	or tawn) (County) (Stote)
E p.m.		at wark at wark		15/11/11
21. I certif	that (1) (this hospital)	attended the deceosed from	214 , 1966 to	77, 196 that (I) (we) los
	ceased alive on	44 186, and tha	t deoth occurred of 20M, from	n causes and on the date stated above
220 SUBMATURE	-11/1	. //	ATTENDING MED !	STAFF 22b. DATE SIGNED
Mar	d T. Ne	lengue M.	D. PHYS. DIRECTOR	PHYS. D Dec. 4 /1966
22c. PHYSICIAN'S	1		22d. ADDRESS	
NAME (Type)	Dr. David J.	Gilmore	Salishury, Maryl	and
23a. BURIAL, CREMATION	23b. DATE THEREOF	I 23c. NAME OF CEMETERY OR		
_REMOVAL (Specify)		(1) (1) (1) (1)		omico, Maryland
24. FUNERAL DIRECTOR		ADDRESS	2Sg. REC'D BY REGISTRAR	OCH DECISTOAD'S SIGNATURE -
-		ALISBURY. MARYLANI		966 Charles Judge
TOLLUN AY	OC CUMITAINI. D	ALLDDURY . MARYLANI	DATE III-II X	JUU / VI /

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending thy director, page 3 should be detoched for use os the burial-tronsit permit. Item should be filed with the State Dept. of Health prior to burial, cremation, ar removal VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or oftending physician.

physician and completely filled in by the funeral remove carbon papers. Pages 1 and over, and in ony event, within 72 hours ofter death



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Peninsula General Hospital   State	14370	CERTIFICATE	OF DEATH	17967
SALISONTY   Country   Salisonty   Country		MARYLAND	o. Maryland	Somerseet
Peninsula General Hospital   Substitution   Subst	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury			19.2
3. NAME OF DECENSION (1995) FIRST Middle Lost			d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
DECEASED (Type or print) (Type				
Divorce   Divo	(Type or print) CeLes Te		DENNIS DEATH DE	ec. 23,19 606
Address   Addr	FeMALE NEGRO WIDOW	WED TO DIVORCED	5/6/1899 67	oirthdoy) Manths Days Haurs Mi yrs.
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Creston Dennis.Princess Anne, Md  18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b) and (c)). PART I. DEATH WAS CAUSED BY:  3 3	during nost of working life, even if retired)		Princess Anne, M	COUNTRY 2
18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  (conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  19. WAS AUTHOR  20a. ACCIDENT WAS UNDERLYING COURSED (ETHER HOW INJURY OCCURRED)  OR CONTRIBUTING COURSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 1B.)  21. Learnify that (1) (this haspital) oftended the deceased from factory, street, office bldg, etc.)  22c. THE OF INJURY Manth, Day, Year While of work of the deceased of the day of work of the day of th				
Teston Dennis Princess Anne, Md	•	1/ 505141 55511017/ 110		Address
PART I. DEATH WAS CAUSE DBY:    Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)    PART II. OTHER SIGNIFICANT CONDITIONS CO	(Yes, na, ar unknawn) (If yes give war or dates af service)			ncess Anne, Md
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19 21. Lertify that (I) (this haspital) ottended the deceased from 1966, and that death occurred of 20c. TIME of INJURY (I) (this haspital) ottended the deceased from 20c. and that death occurred of 20c. ATENDING MED.  21. SIGNATURE  22. CPRYSICIAN'S NAME (Type)  PERFORM YES   PERFORM YES   PERFORM YES   PERFORM YES   PERFORM YES   PERFORM YES   PART II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part I or Part II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part I or Part II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part I or Part II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part I or Part II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part II or Part II of item 1B.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) 4. The perform of the part II or Part	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse	renoral ized	arterio selen	
20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19 21. Lertify that (I) (this haspital) ortended the deceased from saw the deceased olive on 21. Signature  22. CPHYSICIAN'S NAME (Type)  20d. INJURY OCCURRED While atwark of two While atwark of two work While atwark of two work While atwark of two work  20e. PLACE OF INJURY (Hame, farm, form, forth, form) foctory, street, office bldg., etc.)  40. Caunty)  40. Caunty)  40. Caunty)  40. Caunty  4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  PACTURE  PACTURE  PART III. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTE  CONTRI	ring to death but not related to	THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
21. Lertify that (I) (this haspital) ortended the deceased from		Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I ar Part II af i	tem 1B.)
sow the deceased olive on 1966, and that death occurred of 200 M, from couses and on the date stated with the deceased olive on 1966, and that death occurred of 200 Med.  ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR	20c. TIME OF INJURY Manth, Day, Year Hour o.m. 19 a	While Not While foct		ar tawn) (Caunty) (Stote
ATTENDING MED. STAFF  22c. PRYSICIAN'S NAME (Type)  ATTENDING MED. STAFF  PHYS. DIRECTOR PHYS. DIV 73/60	saw the deceased olive on	tended the deceased from		
	Carello Balle	loly MI	D. PHYS. DIRECTOR L	STAFF - 1//mm
Burial Inches Anne, Maryla	Burial I2/28/66		Prince	ess Anne, Maryland
24. FUNERAL DIRECTOR William H. James Jr Princess Anne, Md  250. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  ADDRE			DE0 03 4000	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer, death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

Isthone. Lecenso alceninel THE REAL PROPERTY. THE PROPERTY OF THE PERSON OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 to PM3. Page a. COUNTY o. STATE b. COUNTY af within 72 haurs after death. Wicomico MARYLAND Maryland Wicomico delay Department b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. Pittsville Pittsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with farm in Item 18. Give Pages 1, Route 1 Route 1 YES NO after death. 3 NAME OF Middle First 4. DATE Last Manth Day Year DECEASED HOWARD GRAY DENNIS 12-26-66 (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months W Sept. 6 haurs WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? not Work d "pending" in pencil in Chief Medical Examiner's Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Jackson Lee Dennis Annie Jane Powell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) or remayal Viola Dennis Pittsville XX 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY SET AND DEATH IMMEDIATE CAUSE (o) certificate shauld writing the ward used as a burial-traburial, crematian, DUE TO Conditions, if ony, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO please execute the certificate designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) may be retained far yaur FUNERAL DIRECTOR: Page Not While factory, street, affice bldg., etc.) at wark at wark 21. I certify that I took charge af the remains described above, held an Autapsy K., Inspection X Inquiry X, ond in my apinian Natural causes . Accident. Suicide | ]. Hamicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta
TO FUNERAL DI
Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY L. Royer, December 27, 1966 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Camden Ave. Address (Street, city, town, or county) alisbury, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) BREMOWAL (SOLCIFY) 12/28/66 Pittevill VR A15ME (5) Watson & Whaley, Selbywille, Del. DATE JAN 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17972 FOR STAKE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, ond 3 ta PM3. Page 40 Wicomico Maryland MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) with the State Departm within 72 hours after Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, DOA Peninsula General Hospital East Road NO 3. NAME OF 4. DATE Lost Month Doy Year DECEASED HOWARD DILLARD 12-30-66 19 (Type or print) DEATH I IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost buthday) Months AA WIDOWED DIVORCED 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Labor Florida U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil = 1 Bulah Dillard Dillard File and Gus IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, 220-32-1905 Nellie Purnell East Road Salis-Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN Sudden Sudden PART I. DEATH WAS CAUSED BY: Bullet wound of heart IMMEDIATE CAUSE (o) writing the word used as a burial-tr buriol, cremotion, DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) please execute the certificate, YES X NO its designoted ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should b Shot during dice game argument. EXAMINER: CAUSE OF DEATH. 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.) 9:50 p.m. Not While While at work Salisbury, Wicomico, Md. 12-30-66 ot work Inspection X. Inquiry X, 21. I certify that I tack charge of the remains described above, held an Autopsy 4. and in my opinion Accident Suicide . Homicide X Undetermined manner death resulted fram. Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth or Royer, DEPUTY MEDICAL EXAMINER Earl January 3, 1967 EXAMINER'S NAME (Type) Address (Street, city, town, or county) alisbury Md.
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) 50 REMOVAL (Specify) Salisbury
REGISTRAR 25b. REGISTRAR'S SIGNATURE Green Agres 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR JAN VR A15ME (5 Clinton Stewart, Salisbury, 6M 1/66

4			g 'g
HIEVI.			3) 6) 6
3/19/4			
			virial I
			Indiana a mona
		047	
			raide is alter
10 10 10 10 10	To a real and the company of		
Ind. (people)	strati basi a temp		
	est fail year the		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17974 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the funeral 1. PLACE OF DEATH . COUNTY Wicomico b. COUNTY papers. Pages 1 of The Table of the Control of The Table of The Table of Ta MARYLAND RULAND within 24 hours after b. CITY OR TOWN (If autside carporate limits, write\_RURAL and give necrest town)
Salisbury c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) rsician and campletely filled in by please remove carbon papers. Po ERLIN IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) event within Peninsula General Hospital MARTIN YES NO NAME OF Middle DATE Year Lost Doy DECEASED DEATH DECEN) DER (Type or print) requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE X 7. MARRIED NEVER MARRIED birthdoy) Months Hours last DIVORCED burial, crematian, ar remaval, and in any WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) IDa, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mest of working life, even if retired) INDUSTRY COUNTRY ? physician ARM TARMO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10HN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, of unknown) (If yes give wor or dates af service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO ificate has been s far use as the b f Health prior tab stoting the underlying couse lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? of Health NO Page 4 may be retained by the haspital ar this certificate 20o. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Inter nature of injury in Part I or Part II/of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 shauld be detached with the State Dept. 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED Hour a.m. factory, street, affice bldg., etc.) Not While 19 ot wark at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased 1966 M. fram causes and an the date stated above and that death accurred at saw the deceased alive an DATE SIGNED 220. SIGNATURE/ M.D. DIRECTOR directar, page 3 shauld be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) GRACEEN 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

The state of the s 17971 100 Meantee. TIVOSILISE Istiqued lemmes wingmined MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 17975 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH d.COUNTY Wicomico a. STATE b. COUNTY MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO F Peninsula General Hospital 912 Johnson Street 4. DATE 3. NAME OF Day Year First DECEASED OF DEATH CLARRISA (CLARISSA) ELLEN CEMBER (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Manths Haurs Sept. 4,1898 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) COUNTRY? during most of warking life, even if retired) **INDUSTRY** Salisbury, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Victoria Phippin William B. Elliott WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.\_INFORMANT (Yes, no, or unknawn) (If yes give war ar dates af service Mrs. Margaret Louise Wagner 214-10-9641 920 Brown Street, Salisbury, Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Year Conditions, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (State) 20c, TIME OF INJURY Month, Day, Yeor factory, street, affice bldg., etc. Haur a.m. Nat While 19 at work at wark 21. I certify that (I) (this hospital) attended the deceased fram. 12-13 19 66 to 19 66, and that death accurred at 138 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING Dec. 18 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Hubert R. White, Jr. Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)

Wicomico Memorial Park

**ADDRESS** 

& COMPANY, SALISBURY, MARYLAND

Dec. 21,1966

Salisbury, Maryland

2Sb. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

requires that the death certificate be executed within 24 haurs after death

death

ease remove carban papers. Pages 1 and in any event, within 72 hours after

attending physician and campletery to permit. Then please remove carban

transit permit. Then p crematian, ar removal

burial,

signed by the burial-transit

ertificate has been s ed far use as the b af Health prior to b

detached

pe

director, page 3 shauld shauld be filed with the

Page 4 may be retained by the haspital ar

O FUNERAL DIRECTOR: After

the funeral

.⊆

filled

17975 - CERTIFICATE OF DEADS 1 di contro mudelle Lawickon Terescon at maniment If any little in contrast to the party of th The state of the state of the ACCEPTED THE RESERVED Compared to the second of the MARYLAND STATE DEPARTMENT OF HEALTH

Division of CTATISTICAL DESCADER AND DECORDS 201 W DESCTON STREET RAITIMORE MARYLAND 21201

		TE OF BEATH				
L	20000	TE OF DEATH 17973				
1	PLACE OF DEATH     O. COUNTY	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)     O. STATE     D. COUNTY				
	o. COUNTY WICOMICO MARYLAND	Maryland Wicomico				
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
_	wite RURAL and give nearest town) Salisbury	Salisbury $\approx 2./$				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
	Peninsula General Hospital	804 S. Division Street YES NO K				
3	B. NAME OF First Middle DECEASED (Type or print)  ELIZABETA MAY	Ellis December 26 1966				
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF 8IRTH 9. AGE (In years _ IF UNDER 1 YEAR _ IF UNDER 24 HRS.				
	Female White WIDOWED DIVORCED	Nov. 27, 1895   lost hirthdoy)   Months   Doys   Hours   Min.				
1	0o. USUAL OCCUPATION (Give kind of work done upon file, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
Ŀ	Housewif'e	Worcester County, Md. USA				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	William Thomas Livingston	Sarah Owens				
	(Yes. no. or unknown) ((If yes give wor or dotes of service)	NINFORMANT Nr. Preston L. Williams (Son)				
L	NO - 215-07-3638A   IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	612 Liberty Strest, Salisbury, Waryland				
	PART I. DEATH WAS CAUSED BY:  JAMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o),  DUE TO  Conditions if ony, which gove rise to immediate couse (o),  DUE TO	referral Hemorrhage 9182 AND DEATH,				
	last. (c)	ascular disease years				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)    MAS AUTOPSY PERFORMED?   YES   NO				
CEDTIEICATION	206. ACCIDENT WAS UNDERLYING \\ OR CONTRIBUTING \\	D. (Enter noture of injury in Port I or Port II of item 18.)				
MENICAL	p.m. of work — at work —	PLACE OF INJURY (Home, form, foctory, street/office bldgf, etc.)  (City or town) (County) (Stote)				
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	hat death accyfred at $9 - M$ , from couges and an the dote stoted above				
	220. SIGNATURE	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  MED. PHYS. Dec. 26/1966				
	22c. PHYSICIAN'S NAME (Type) Dr. O. J. Burton	22d. ADDRESS Salisbury, Maryland				
2	30. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY (					
	REMOVAL (Specify) Durial Dec. 28. 1966 St. Johns C					
	24. FUNERAL DIRECTOR ADDRESS	2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE				
	HOLLOWAY & COMPANY, SALISBURY, MARYLA	DADEC 29 1966 Cuartes Judge				

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66 17978 THERETER Peningula General Hospital ALL DE LA COLONIA DE LA COLONI

1		DIVISIO	N OF STATIS					PARTMENT O , 301 W. PRESTO			RE 1. MA	RYLAND	
150g		1797				CERTIF					4.7	7074	
ges 1 and 2 after death.	1.	PLACE DF DEATI a. CDUNTY				MA	RYLAND	a. STATE	NCE (Where dec	eased lived, If Inst b. COUN			idmission)
n by the 1s. Pages 1shours after		b. CITY OR TOW write RURAL	N (if outside corp and give nearest	orate limi	Its,	c. LENGTH OF ST		c. CITY OR TOWN (		orate limits, wri	te RURAL an	d give neare	st town)
		S	alisbury			11-28-6		Sal:	isbury		i c	20/	OLDENOE
2			spital or institi eninsula			- A CANAL STREET	address)	d. STREET ADDRESS	ruitt	Street		e. IS RES	SIDENCE FARM? ND 🔀
	3.	NAME DF DECEASED		First		Middle	17 (4)	Last	4. DATE	Month		Day Ye	ear
		(Type or print)		AMES		EDWARI		ENNIS	DEATH	Decemb		3 190	
		sex Male	6. COLOR OR RA	7. 1912	ARRIED	NEVER MARR	ILD	June 18,192	21	AGE (In years last birthday)	Months   Da	ays Hours	
			ION (Give kind of wind ling life, even if re	orkdone	1Db. KI	ND OF BUSINESS		11. BIRTHPLACE (			12. CITI	ZEN OF WHA	T
	dur	Machine	Operator	urea)	Bot	tling Con	many	Wicomico	County	Marylar	id US	NTRY?	
	13.	FATHER'S NAM	IE					14. MOTHER'S MA	IDEN NAME	1000		JE M	1
		Roy W. E	nnis					Ella Fie.	lds				
	15 (Ye	WAS DECEASED	EVER IN U.S. ARME	D FDRCES	? 16.	SOCIALSECURITY	NO. 17.	INFORMANT Mrs. France	es R. Er	nnis (Wif	s )		
		no	data tree			0-03-8128	3	612 Truitt	St., Sa	alisbury,	Maryl		
			DEATH [Enter only	BY:	se per II	ne for (a), (b), and	(c).]	2000	11			INTERVAL BI ONSET AND	DEATH
		15%	IMMEDIATE CA	USE (a)(	Ca	reenog	ma	of cu				ene	reac
		Conditions, If		OUE TO									
		gave rise to	immediate (	(b) OUE TO									
		cause (a), si underlying caus	tating the	(c)							16-14		
1	CERTIFICATION	PART II. DTHER	SIGNIFICANT COND		ONTRIBU	TING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL	L DISEASE CON	DITION GIVEN IN F	PART 1(a)	19. WAS A PERFOI YES	ND NO
Ñ	TIF	20a. ACCIDENT	WAS UNDERLYING		20b. D	ESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature	of Injury in Pa	rt I or Part II of	Item 18.)		- H
		(IF EITHER, ND	ING CAUSE OF TIFY MEDICAL EX	AMINER)		N/A							
	MEDICAL	20c. TIME OF Hour a.r		ay, Year	20d. II While at work	Not While	200. PLA facto	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (	City or town)	(County	1)	(State)
	2		fy that (I) (this I				from	11.28	1906 to	12-8	1900	_ that (1)	(we) last
			ceased alive on.	12	-/8	19.04	and that	death occurred at	2:45 M, fro	om the causes	and on the	date state	d above
		22a. SIGNATU		1	1			Marie Land	ANI		22b. DAT		-
		119	000	les	120		M.D		DIRECTOR [	STAFF PHYS.	Dec.	15-81	/1966
1		22c. PHYSICIA NAME (T	AN'S ype)		- 1	~		22d. ADDRESS	2.0	2 2			
1	_		Dr. Wi			Illis, Jr.	OFMETER:		ury, Mai			nu) (4	Ctate)
	238	REMDVÁL (Sp	ecify)	TE THERE				OR CREMATORY		cation (city, to isbury, I			State)
	24	Burial FUNERAL DIRI	Dec.	11,1	1966	Micomico ADDRESS	Memor	1 25a. R	EC'D BY REGIS	TRAR   25b.	RISTRANS	SIGNATURE	3 1
2			Y & COMP	NY.	SALIS		RYLAN	0.0	C 12	966 /	tionles	Juga	-
-	-					*		DALE				-	

the state of the s 

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 17978 physicion and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2 deoth PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Wicomico o. COUNTY o. STATE Wicomico Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 5 Davs Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ACCRESS Peninsula General Hospital 804 Alvin Ave., YES NO X corbon 3. NAME OF First Middle Lost 4. DATE Manth Year Doy DECEASED NORMA LABAR ESPICH 19 66 12 DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lasty birthday) Manths Hours Feb, 14, 1888 White Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) COUNTRY? INDUSTRY Newark, New Jersey Own Home II.S.A House Wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Elliott Moses D. LaBar the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED PORCES:
(Yes, na, ar unknown) (If yes give war ar dates of service)
156-22-8530 permit Mrs. Edward Coulston See Sec. 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p Kremboses ONSET AND DEATH MMEDIATE CAUSE (a) Poge 4 may be retained by the hospitol or attending physicion. DUE TO Canditians, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? arlenoselerons NO YES for 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at wark TO HOSPITAL OR ATTENDING at wark 19 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 6C, and that death accurred at 0:03 AM, fram causes and an the date stated abave. saw the deceased alive an\_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Telleam 12-6-1966 M.D. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S 334 Camden Ave., Salisbury, M ryland Dr. Wm. D. Gray NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Burial Salisbury, M ryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 12-8-1966 Parsons Cemetery 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Hill Funeral Home Salisbury, Maryland Charles 20 M 1/66

and the same of the same of C. STATES TO THE STATE OF THE STATES THE PROPERTY OF THE PARTY OF TH . . We the street the street The state of the state of AND TO VOCATION OF THE PROPERTY OF THE 

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17979 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY Somerset Wicomico a. STATE Md. MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Life Rehoboth Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Box 181 Marion Md. Peninsula General Hospital YES NO + 3. NAME OF 4. DATE Month Doy Year DECEASED 19 (Type or print) DEATH 777110 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years 7. MARRIED Alast birthday) Months Hours Days 1917 Negro Nov. DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) COUNTRY? INDUSTRY Phila Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Fitchett Grace Handy WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Lula Mae Green Las.Calif. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line tory(a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Canditians, if ony, which gave rise to immediate cause (a), DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this hasp@al) attended the deceased fram & 19 66, and that death accurred at Z.M., fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Rehoboth
25b. REGISTRAR'S SIGNATURE Dec 8 1966 Marumsco Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles & 1966

DEC

DATE

VR A15 (4) 20 M 1/66

Anthony E. Ward Cristield Md.

Page 4 may be retained by the haspital or attending

O FUNERAL DIRECTOR: After this certificate

directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta

death

burial-fransit permit. Then please remave carban papers. Pages 1 burial, crematian, or remaval, and in any event, within 72 hours after

signed by the after

has been

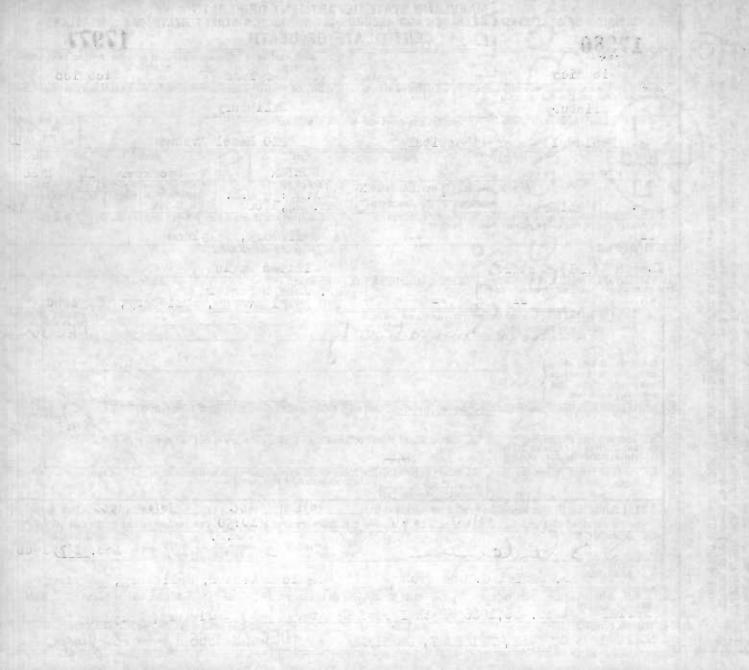
by the funeral Pages 1 and 2 and

campletely filled in

requires that the death certificate be executed within 24 haurs after death.

17976			17223
Jelienicos			vicontoo
New course I			gaudelle
A Land Computer Line	. Leike	aoli Isranab i	Limitani
		120.00	
45 TANK	• 40/1		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			12 (0) 10.1
Eylet, to			nego mio
. The sam past and			
		THE STATE OF THE S	
Management of the control of the color			

_		TE OF DEATH 17:	311
1	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: I a. STATE b. CDUNTY	
	Wicomico MARYLAN	Maryland	comico
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)		and give nearest town)
_	Salisbury	Salisbury	22/
	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street addr		e. IS RESIDENCE DN A FARM?
=	Peninsula General Hospital	220 Hazel Avenue	YES ND 🔀
	3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month OF DEATH December	Day Year 24 19 66
2.00	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	1 9 DATE OF RIDTH I D ACE (In years   IEIINDE	1 YEAR IF UNDER 24 HR
	Male White WIDOWED Baby DIVDRCED	Dec. 24, 1966 yrs.	Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of workdone lob. KIND DF BUSINESS DR luring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
ı	to 64	Salisbury, Maryland	DOM: KIT
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joseph (NMI) Foster	Lillian Rubin	
(	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   (Yes, no, or unknown)   (If yes give war or dates of service)	77. INFORMANT Address Mr. Joseph Foster	
-	no	220 Hazel Avenue, Salisbury, M.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	.+	DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	My	1 hr 36 mi
ı	Conditions, If any, which		
ı	gave rise to immediate		
ı	cause (a), stating the underlying cause last.		
NO		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
15.5			YES ND 6
CEDTIFICATION	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18	3.)
	and the second s		(21.1.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e Hour a.m. While Not While	PLACE DF INJURY (Home, farm, actory, street, office bldg., etc.) (City or town) (Co	ounty) (State)
100			2
ı	21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) la
	saw the deceased alive on 1012 19 46, and	that death occurred at 10:30, from the causes and on	THE DATE STATED ADDV
	DS (1-les-		c. 27/1966
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Dr. Daniel G. Anderson	Medical Center, Salisbury,	Marylana
2	3a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMI		ounty) (State)
-	Burial Dec. 26,1966 Beth Israe.	Cemetery Salisbury Maryl	S SIGNATURE
1	24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISHURY, MARYLA	DEO 0 0 1000 000	
~/8	The state of the s	DATE	1 1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17981 CERTIFICATE OF DEATH and 2 within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH campletely filled in by the funeral o. COUNTY Wicomico o. STATE b. COUNTY MARYLAND hours after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury on papers. within 72 ha IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital NO D YES NAME OF 4. DATE nog Lost Month Doy Year DECEASED OF 25 GAINES December 19 (Type or print) DEATH Car and in any event, IF UNDER 1 YEAR SEX 7. MARRIED AGE (In years 6 COLOR OR RACE NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED and 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY physician requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, 16. SOCIAL SECURITY NO 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no. or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse Page 4 may be retained by the haspital or attending **DIRECTOR:** After this certificate has been ge 3 shauld be detached far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory street, office bldg., etc.) Hour a.m. ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1966 and that death accurred at 1 20 AM, fram causes and an the date stated above. saw the deleased alive an. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS 22d. ADDRES FUNERAL NAME (Typ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) DEMOVAL (Specify) 574e 0 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SPGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966

21671 Lutheach Inverso after had

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17982 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death the ottending physician and completely filled in by the funerol sit permit. They prese remove corbon popers. Poges I and notion, or remove Land in any event, within 72 hours after deat I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Maryland Wicomico MARYLAND Queen Anne's b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 2317 days Stevensville Salisbury IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Deer's Head State Hospital YES NO X 3. NAME OF 4. DATE Middle Lost Month Doy Year DECEASED 1966 December DEATH (Type or print) Mina Elmyra GARDNER 9. AGE (In years last, birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours WIDOWED X White DIVORCED 86 Female IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SA CHESTER X 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ONES eNTON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT GARDNER- STEVENSVILLE ME (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) signed by the hospital or ottending physicion. 2 months with myocardial failure DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse os the prior ta TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Old cerebral vascular accident NO TO Por 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While ot work be retained by 21. I certify that (I) (this haspital) attended the deceased from August 1, 1960, to December 8, 1966, that (I) (we) last saw the deceased alive on December 8, 1966, and that death occurred at 2:09AM, from causes and on the date stated obove. 22o. SIGNATURE 22b. DATE SIGNED 12/8/66 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Salisbury NAME (Type) Maldve Deer's Head State Hospital director, should b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) STEVENSVILLE STEVENSVILL FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

17972 THE SALES AND THE RESERVE OF THE PARTY OF TH IN STREET SAIN STREET BEAUTING Description of a bank at month 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N. A.		17983	CERTIFICATE	OF DEATH	17080			
I V legg and		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived,				
5- 2	(	Wicomico	MARYLAND	O. STATE ARVLAND	b. COUNTY ORCESTEVE			
y the fur Pages 1 urs after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporate limits,	write RURAL and give nearest town)			
s. Pag haurs		Salisbury		OCEAN CIT	v 23.2			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?				
filled in paper of thin 72		Peninsula General		POLF COURSE COAD YES NO &				
carban ent, wit		NAME OF First DECEASED	Middle	Lost 4. DATE OF OF	Month Doy Year			
carl,		(Type or print)	ING GI	GIVAC DEATH DEC				
campletely ave carbar y event, wi	5. 5	As 4	MARRIED NEVER MARRIED   8	JULY 24 1899 27	thdoy) Months Doys Hours Min.			
sician and co please rema and in any	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign coun	yrs.   12. CITIZEN OF WHAT			
se l	duri	ng most of working life, even if retired)	LNDUSTRY	1	COUNTRY? S A.			
sicio		FATHER'S NAME	GENERAL MOTUR	14. MOTHER'S MAIDEN NAME	A I UNIT			
सु है है		THEMAS GIGHAG		ADELADE GAG	NF			
ding . Th		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address			
a iii	(16	s, no, or unknown) (If yes give wor or dotes of serv	B64-03-2778	MRS. EUGENG GIO	-NAC OCEAN (ITY			
signed by the atte burial-transit perr burial, crematian,		1B. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), ond (c).)	1	INTERVAL BETWEEN ONSET AND DEATH			
signed by the burial-transit burial, cremat		PART I. DEATH WAS CAUSED BY:  1 IMMEDIATE CAUSE (o)	Beaperatory (	faction	ORSET AND DEATH			
signed by burial-trar burial, cre		don's Due to	1 . 0 /		ART IN THE RESERVE OF THE PARTY			
igne		Conditions, if ony, which gove (b)	Afterle Centranie	a Dellemond	And the second			
C 0 0		stoting the underlying couse lost.						
as the priar to		lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	RISTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART	[ 1(o)			
certificate has been thed far use as the ot. af Health priar to	CERTIFICATION	Deep rein	Thrastosis (b)	Os=	PERFORMED? YES NO			
d far use af Health	IFICA	20o. ACCIDENT WAS UNDERLYING		Enter noture of injury in Port I or Port II of iter				
世中古		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, farm, 20f. (City or pry, street, office bldg., etc.)	town) (County) (Stote)			
After this I be detacted State Del	ME	p.m. 19	While of work foctor					
- T (1)		21. I certify that (I) (this haspital		, 19ta	, 19, that (I) (we) last			
ctor: A shauld vith the		sow the deceosed alive on	19, and that	death occurred at # 74M, from	couses and on the date stated above			
% sh		220. SIGNATURE Sceland &	the his M.C	ATTENDING MED. STA				
Dige		22c. PHYSICIAN'S	receptor mile	22d. ADDRESS	13. 27.700			
RAL be		NAME (Type)	V					
O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	REMATORY 23d. LOCATION (C				
Spignary Spi		REMOVAL (Specify) 12 19	66 RUSLYN	DETA				
VR A15 (4)	24	. FUNERAL DIRECTOR	ADDRESS	250 RECD BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE			

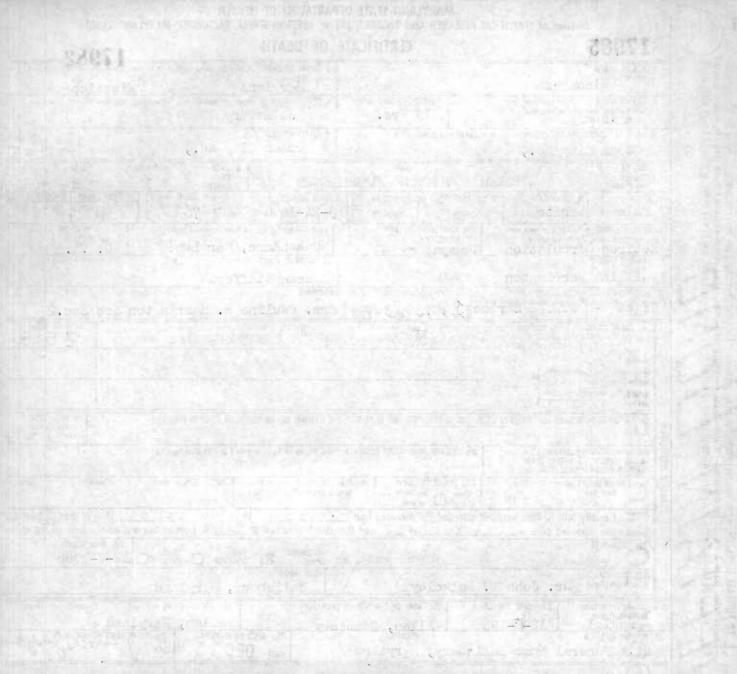
VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

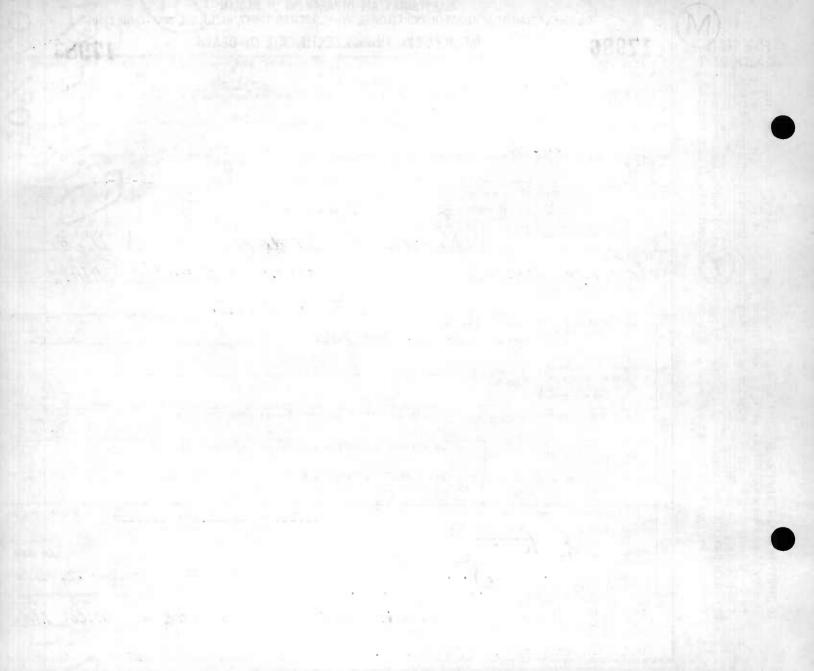
68251 12980 WANTELL LAG Pengangle Samerel Hospital

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY by the fages 1 irs after Wicomico Wicomico Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Salisbury Salisbury completely filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? John B. Parsons Home W. Isabella St. NO T YES that the death certificate be executed within Month Day Year 3. NAME OF Middle Last DATE First DECEASED 1966 DEATH December ELEANOR GRAVENOR (Type or print) TDA lease remove and in any eve AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED June 11,1872 WIDOWED X DIVORCED Female White 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in COUNTRY? Worcester County, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Cathell James N. P. Holloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (If yes give war or dates of service) -John B. Farsons Home. Salisbury. Maryland the a INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION FUNERAL DIRECTOR: After this certificate hirector, page 3 should be detached for use nould be filed with the State Dept. of Health I PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING be retained by ATTENDING at work at work 21. I certify that (I) this hospital) attended the deceased from 19 56 and that death occurred at 7200M, from the causes and on the date stated above saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING PHYS. DIRECTOR M.D. Page 4 may 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) Salisbury, Maryland Dr. William B. Smith 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 0 burial Parsons Cemeterv Salisbury 25a. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64

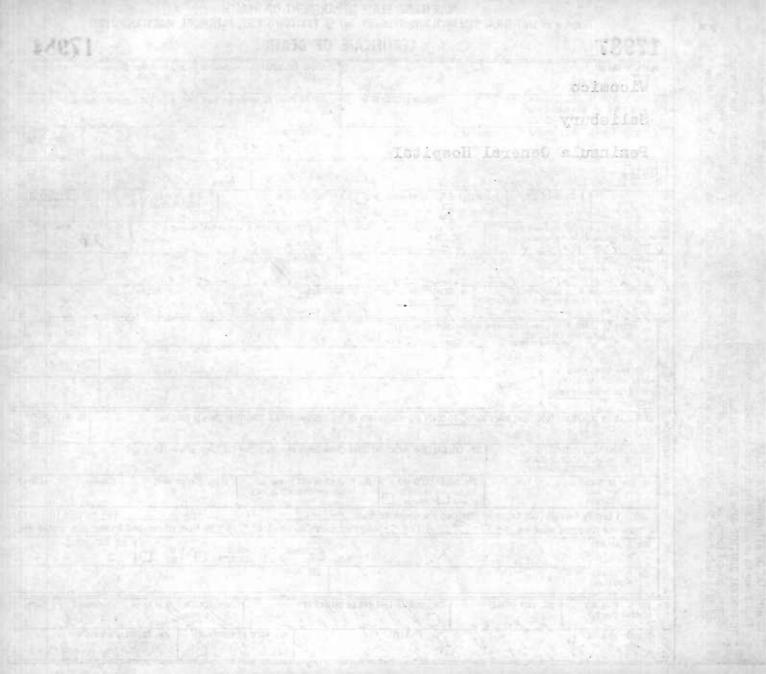
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17985 CERTIFICATE OF DEATH death! requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission and campletely filled in by the funeral remave carban papers. Pages 1 and I. PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Wicomico Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b hours 25 Yrs. Salisbury Salisbury d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Ocean City Rd. Ocean City Rd., YES NO A please remave carban 3. NAME OF First Middle 4. DATE Doy Lost Month Year DECEASED WILLIAM MILTON HARRINGTON 12 1966 (Type or print) 8 DEATH S. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Dovs Hours Male White 3-24-1890 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Retired Circulation INDUSTRY COUNTRY? physician OueenAnne, Maryland U.S.A. Newspaper 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval, William Harrington Susan Stafford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. burial, crematian, or n (Yes so, or unknown) (If yes give war or dates of service Mrs. Pauline W. Harrington See Sec. 2 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN MYSET AND DEATH IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been use as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? detached for use te Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 10/22, 1965, ta 12/8, 1966, that (I) (we) last saw the deceased alive an 12/8, and that death accurred at 3/7M, from couses and on the date stated above. saw the deceased alive an 171 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING PHYS. K 12-9-1966 M.D. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. John T. Bulkeley Salisbury, Maryland 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Allen, Maryland Allen Cemetery 25b. REGISTRADYS SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4)1 20 M 1/66 1956 Hill Funeral Home Salisbury, M ryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 17986 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b COUNTY P.M.3. Poge Wicomico of MARYLAND Maryland Wicomico ond 3 t c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b. Hebron Hebron d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours c Office along with farm Item 18. Give Pages 1, Route 50 Route 50 YES NO 3. NAME OF Middle 4 DATE Month Day Year within 72 DECEASED the HARRIS GEORGIA SMALL 12-14-66 (Type or print) DEATH 19 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Manths 4-15-1916 AA event 24 hours 11. BIRTHPLACE (State or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) \_\_ Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil .⊆ WAS DECEASED EVEN IN U.S. ARMED FORCESS 17. INFORMANT rd "pending" in Chief Medical E permit. (Yes. na, ar unknawn) (If yes give war or dotes af service Palice StATE burial, cremotion, or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH Coronary thrombosis IMMEDIATE CAUSE (a). writing the word DUE TO Conditions, if ony, which gave rise to immediate cause (a) DUE TO stating the underlying cause 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES TX please execute the certificate. NO its designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) 3 should PRIMARY ar CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stote) Haur o.m. factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge Not While ot wark at work 21. I certify that I to charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion deoth resulted from: Maturol causes x Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer DEPUTY MEDICAL EXAMINER December 22, 1966 Earl Heolth Address (Street, city, town, or county) Ave. Salisbury. 23a. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Town) (County) 0 24. FUNERAL DIRECTOR John Wesle 10:co. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) JAN Jolley Funeral Home, Salisbury, Md.

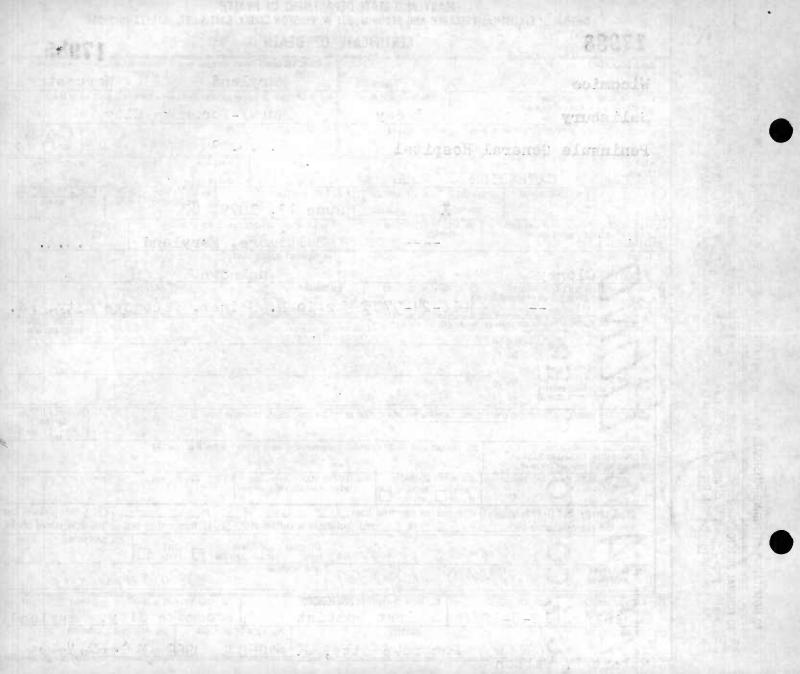


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17987 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and burial-transit permit. Then please remaye ca**tion** papers. Pages 1 and 'burial, cremation, or remayal, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Wicomico b. COUNTY o. STATE: MARYLAND b. CITY OR TOWN (If outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM filled in YES NO Peninsula General Hospital campletely fi 3. NAME OF DATE Month Doy Lost Yeor DECEASED 19 DEATH (Type or print) 1 YEAR IF UNDER 24 HRS. IF UNDER SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Doys Months Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY MOTHER'S MAJOEN NAME 13 FATHER'S NAME 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO as the prior tak stoting the underlying couse Page 4 may be retained by the haspital ar attending has been lost. far use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work of work O FUNERAL DIRECTOR: After , 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 12-21-6 , 19. to 12-23 1966, and that death accurred at 22 M, from causes and an the date stated above. saw the deceased alive an\_ 23 22b. DATE SIGNED 22o. SIGNATURE ATTENDING Z M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23d tOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1986



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17988 CERTIFICATE OF DEATH death. within 24 haurs after death funeral 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico a. STATE b. COUNTY Maryland Worcester MARYLAND in any event, within 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rural-Pocomoke City 1 day Salisbury remave carban papers. filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. 3 Peninsula General Hospital YES NO DX 3. NAME OF Middle DATE Day Year DECEASED ROSE CATHERINE ECEMBER (Type or print) 19 requires that the death certificate be executed IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Days Haurs June WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWITE INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Cloney unknown burial, crematian, ar remai WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service Martin B. Heiner, Pocomoke City, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO tibeillalin Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, affice blda., etc.) Haur a.m. Nat While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) ottended the deceased from 19 44 (that (1) (we) last 19 6 and that death accurred at A 20/4 M, fram causes and an the date stated above saw the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Snow Hell My NAME (Type) 23c. NAME OF CEMETERY DESCRIPTION 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) 12-5-1966 Pocomoke City, First Baptist Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Pocomoke City. Md. DATEDEC 8 1966

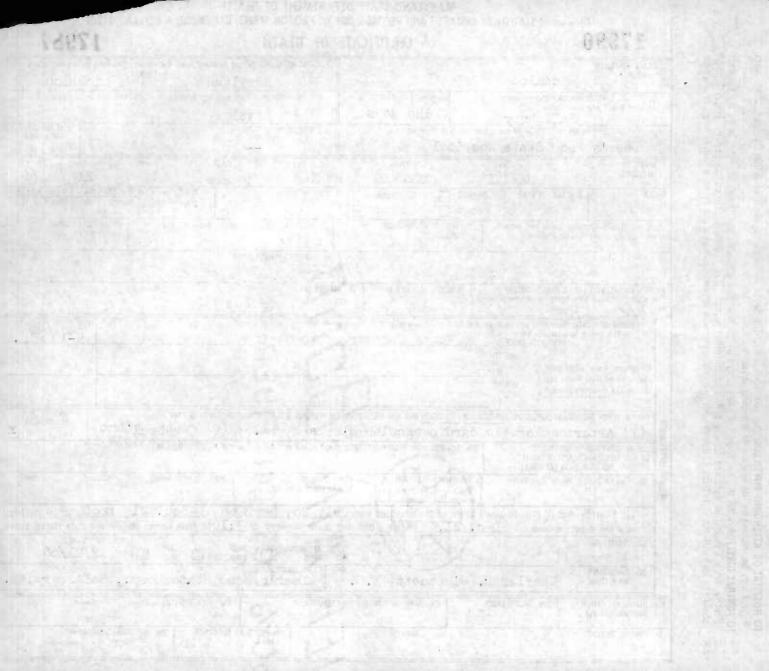
MARYLAND STATE DEPARTMENT OF HEALTH



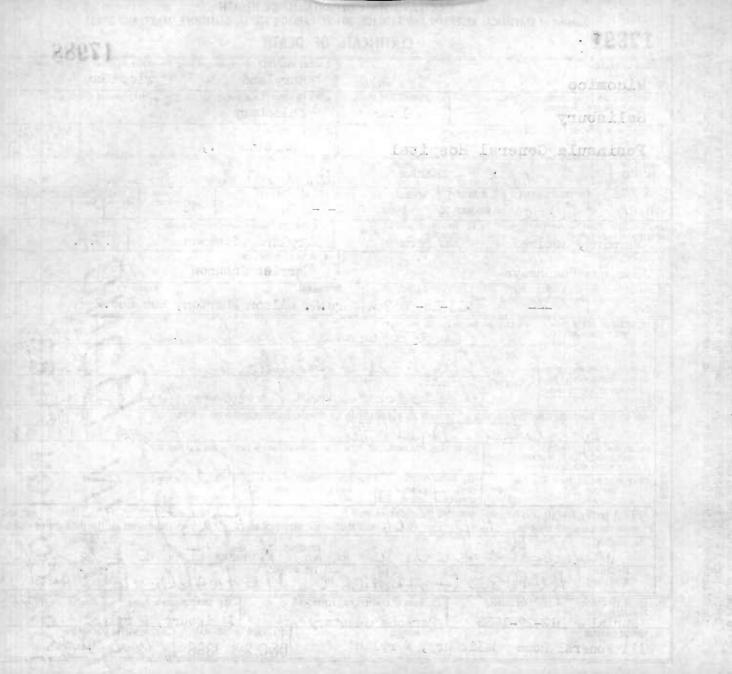
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17989 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY PM3. Page 2 Wicomico within 72 hours after death. MARYLAND Maryland Worcester ond 3 t b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Salisbury c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Peninsula General Hospital Washington St. YES NO DE 24 hours ofter death. 3 NAME OF First 4. DATE Manth Day Year DECEASED NANNTE HOLLAND 12-6-66 B. (Type ar print) DEATH 19 NEVER MARRIED 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED AGE (In years last birthday) Manths Days Haurs 4-28-1889 W WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? .= 5RUIN Chief Medical Examiner's within pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME File 16. SOCIAL SECURITY NO WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT be executed (Yes, na, acunknown) (If yes give war ar dotes af service "pending" removal. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. 0 Pulmonary embolus IMMEDIATE CAUSE (a) This certificate should the certificate, writing the word 4 should be forwarded to the Ch cremation, DUE TO Canditians, if any, which gave Fractured right elbow 9 days rise ta immediate cause (a), DUE TO stating the underlying cause used os buriol, c WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X 0 NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior 3 should PRIMARY ar CONTRIBUTING AL EXAMINER: Fell down steps at home. CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year (County) factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page at wark Berlin, Worcester, Md. 11-27-66 own home 21. I certify that I taak marge of the remains described above, held an Autopsy [X]. Inspection X Inquiry X, for and in my opinion Suicide death resulted frama Natural causes Accident X Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY L. Royer, Earl DEPUTY MEDICAL EXAMINER December 6, 1966 EXAMINER'S Heolth o NAME (Type) Address (Street, city, tawn, ar caunty) 109 Camden Ave. Salisbury. 23c. NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City at Tawn) (County) 50 REMOVAL (Specify) EVERGREE 12 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Charles DEC 8 VR A15ME (5) 1966 Burbage Funeral Home, Berlin, Md. 6M 1/66

PROPERTY OF THE PROPERTY OF TH 100 S. 120 Page

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17990 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral love corbon popers. Pages 1 and y event, within 72 hours after defit PLACE OF DEATH o. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 148 days Bivalve Salisbury 140 da
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital YES NO [ Middle 3. NAME OF Last 4. DATE Manth Day DECEASED (Type or print) 19 66 HORNER 12 SAMUEL ALFONZO DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jast birthday) W WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1) BIRPAPI ACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY MOTHER'S MAIDEN NAME 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war ar dates of service) IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Thrombosis IMMEDIATE CAUSE (o) signed by DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? USe (2) Cerebral (6mo) Arteriosclerotic cardiovascular disease (vrs.): NO 2 20b. DESCRIBE HOW INJURY OCCURRED. TEMPER TOTAL OF THE TOTAL OF PORT OF PORT OF PORT OF THE TOTAL OF THE TOTA for 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While at work Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram July 26, 1966, ta Dec. 21, 1966, that (I) (we) last saw the deceased alive an Dec. 21, 1966, and that death accurred at 3:10M, fram causes and an the date stated above. 22b. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 12/21/66 M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hosp., Salisbury, Md. Charles H. Winnacott, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) 1127110 ADDRESS 250 RECID BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17991 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside filled in by the funeral papers. Pages I and I. PLACE OF DEATH o. COUNTY Wicomico o. SMaryland b. COUNTY OMICO MARYLAND ond in any event, within 72 hours ofter b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbury 1 Day Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Quantico Rd., YES INO Peninsula General Hospital remove carbon 3. NAME OF Middle Last DATE Day Year and campletely DECEASED Hanna 19 cem lier (Type or print) HUMPARGY. DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 47. MARRIED NEVER MARRIED birthdoy) Months Doys Hours 2-8-1884 X WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming, Retired Own Farm COUNTRY? ottending physician of sermit. Then please Maryland Wicomico 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal Harriet Johnson Josephus Humphreys 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service Mrs.G. Wilson Wharton, See Sec. 2 215-16-8057 A INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for signed by the buriof-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 director, page 3 should be detached for use should be filed with the Stote Dept. of Heolth NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur o.m. Nat While foctory, street, office bldg., etc.) 1960 to 21. I certify that (1) (this hospital) attended the deceased fram. 19 66 and that death accurred at 11.42 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE GNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Salisbury, M ryland 12-27-1966 Parsons Cemetery Buria] 25b. REOISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hill Funeral Home Salisbury, M ryland 1966



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17992 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond completely filled in by the funeral semove corban papers. Pages 1 and 2 in onv event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 86 days Salisbury Salisbury ve corban papers. event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital 346 Carey Avenue YES NO T NAME OF Middle DATE Month Doy Year DECEASED 19 66 William JONES, JR DEATH December (Type or print) Clayton SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Hours Aug. 4. 1916 WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT COUNTRY? please during most of working life, even if retired) INDUSTRY Salisbury, Maryland Plumber lumbing MSA 14 MOTHER'S MAIDEN NAME the attending physical transit permit. Then plansit permit amotion, or removal, 13 FATHER'S NAME Clayton William Jones, Beulah K. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mattie Elizabeth Jones (Wife) (Yes, no, or unknown) (If yes give wor or dotes of service) Yes War 716-01-7181 316 Carey Avenue, Salisbury, Maryland CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (0) MET signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO offending [ stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate hos been PHYSICIAN: The low WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES X NO the hospital or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED foctory, street, office blda., etc.) Not While ot work TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by 21. I certify that (I) (this haspital) attended the deceased from September 20 19 66, tDecember 15, 1966, that (I) (we) last saw the deceased alive an December 15, 1966, and that death accurred at 6:00AM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. M.D. PHYS director, poge should be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) Dr. C. H. Winnacott Deer's Head State Hospital 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Parsons Cemetery Salisbury. Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

I Down the State of the State o Inches And Add to the Last the Park

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and 2 an, or remave, and in any event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o COUNTY b. COUNTY a. STATE Dorchester Maryland Wicomico MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rhodesdale 170 days Salisbury IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS RD. Deer's Head State Hospital YES NO Middle 4. DATE Manth Day Year 3. NAME OF First Last DECEASED 28 19 66 DEATH December JONES Tda May (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Haurs March 5, 1901 DIVORCED Colored WIDOWED Female 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Home Dorchester Co., Maryland IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Young Annie Chester 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 219-07-3833 James H. Jones, Rhodesdale, Maryland, RFD crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) the ( burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple Pulmonary Emboli (Terminal) IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician. DUE TO 10 yrs. Conditions, if any, which gove ) Cerebral Vascular Accident rise to immediate cause (a). DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been af Health prior to yrs. (9 Diabetes Mellitus WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CFRTIFICATION detached far use YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (City ar town) (Caunty) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, Hour a.m. Not While foctory, street, affice blda., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased fram July 11 , 19 66, to December 28 1966, that (I) (we) last saw the deceased glive an December 28 19 66, and that death accurred at 12:20AM, fram causes and an the date stated above. shauld 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** X 12/28/66 DIRECTOR M.D. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md NAME (Type) Dr. A. C. Mitchell 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) Dec. 31, 1966 Thompsontown Cemetery REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1966 VR A15 (4) vorus /ramplous Framptom and Son, Federalsburg, Maryland

W. III	179			CHARLE
	of A. T. of the control of the contr			6648
			6. 1.12	
		TOUL . COM	THE RESERVE	
			9753	The State of the S
	land was			
	The state of the s	runt.		deut milet
			The second	
	The second second second			
The second second second	THE RESERVE OF THE PARTY OF THE	o oznata a ha a small		
Marin 2 St	, , , , , , , , , , , , , , , , , , , ,	, 8 9X(7) h . 8 30 6 h		
	The case of the ca			

Choalural . Tons

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPAR 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH delay is and 3 to M3. Page a. COUNTY after death a. STATE b. COUNTY Wicomico MARYLAND Maryland Somerset b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2 weeks Rural -Westover Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Peninsula General Hospital Route 1 YES X NO Item 18. Give Pages haurs after death. 3. NAME OF First 4. DATE Last Manth Year within 72 DECEASED CARLTON LAMBERTSON H. 12-3-66 (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthdoy) Manths W Haurs 6-26-34 WIDOWED DIVORCED event 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? S.A. during most of working life, even if retired) Parming Maryland \_ pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Carl Henry Lambertson Bernice Outten = 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address Westover, ward "pending" i the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates af service) remayal 214-32-5616 Mrs Priscilla Lambertson, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL RETWEEN ONSET AND DEATH Broncho pneumonia crematian, ar IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch DUE TO Conditions, if ony, which gove Tetanus 23 days rise to immediate couse (a), DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES S agent, prior ta NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) PRIMARY XX or CONTRIBUTING [ EDITAL EXAMINER: Stuck rusty nail in rt. thumb while working in chicken house CAUSE OF DEATH 2Df. (City ar tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (County) While at wark factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 11-10-66 Westover, Somerset, Md. own farm 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection X Inquiry X. ond in my opinion Natural causes Accident X Suicide . Hamicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Royer, M.D. OL DEPUTY MEDICAL EXAMINER 1 December 5, 1966 Health 409 Camden Ave., Salisbury, Md. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY ON DEPUTORYX 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) 0 Pocomoke City, Maryland Salem Methodist 12-6-1966 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 40 Villarles Juag DATE DEC 8 1966 Home, Pocomoke, Md. 6M 1/66

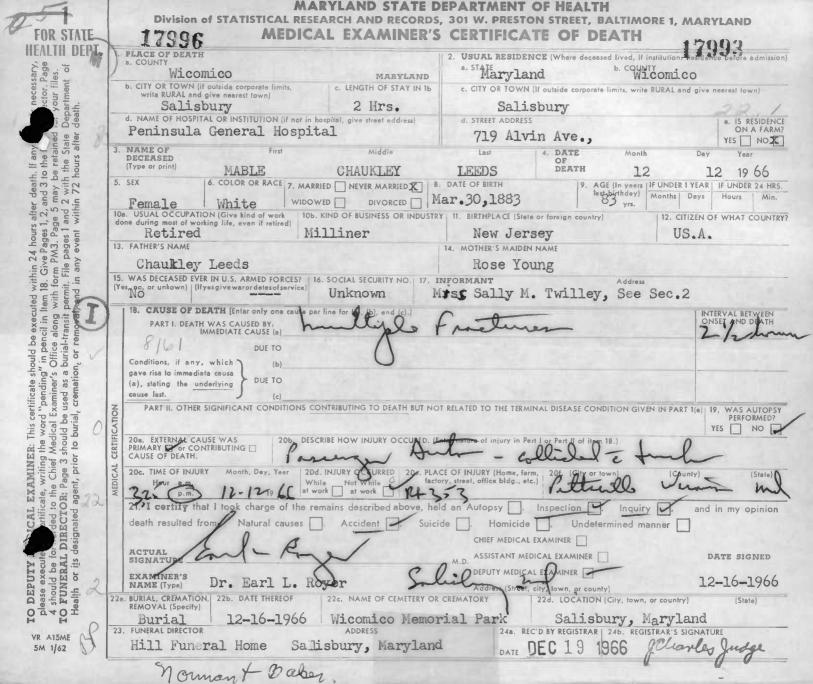
MARYLAND STATE DEPARTMENT OF HEALTH

TEACH OF DIVINESS ALL MANAGEMENT OF THE SECOND Boil and . The someon of the end .

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
-12	17995 CERTIFICATE OF DEATH 17992	
1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside  5. COUNTY  6. STATE  6. COUNTY  7. 1	ince before edmission
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	a negrast town)
1	write RURAL and give nearest town)	20./
-32	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS	e. IS RESIDENCE
2	P.D. 148 QUANTICOMD. KI,	YES NO
3.	NAME OF DECEASED ON S PORT OF Middle Last OF DEATH OF DEATH	Y 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	R IF UNDER 24 HRS.
1	MERO WIDOWED DIVORCED JULY 2 1872 Get birthday) Months Days	Hours Min.
10 di	Db. USUAL OCCUPATION (Give kind of work of neighbors) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 7	2
E	ARODLD LANKFORD MARY ADD WORLGH	T
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unkown) (Iffyasgivewarordatasofsarvice)	0
-	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), And (c).	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  JAMAEDIATE CAUSE (a)  ON END THOUSE THE PARTY OF THE	ONSET AND DEATH
	332X DUE TO . The	1/1/1
	Conditions, if any, which gava rise to immediata cause (b)	raceful
	(a), stating the underlying DUE TO causa last. (c)	
NO		19. WAS AUTOPS
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Port II of itam 18.)	YES NO
CERTI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Hour a.m. While Not While factory, streat, office bldg., etc.)	(State)
MED	Hour a.m.  p.m.  Whila Not While lactory, sirear, office bidg., etc.)	
2	(6) 1)	that (I) (we) la
	22a. SIGNATURE	22b. DATE
	M.D. ATTENDING MED. STAFF 29 Ce	C66 SIGN
	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  (C) (A) (C) (A) (C) (A) (C) (C) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	7.
23	Se. BURIAL, CREMATION, 23b. DATE THER OF   23c. NAME OF CEMERERY OR CREMATORY   23d. LOCATION (City, town or county)	/ State
2	BURINE BILLIG GLA FALLOWSD Wet, police	1114.
134	A TUNERAL DIRECTOR'S SIGNATURE ( ) ADDRESS   LOCAL   1258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ( ) ADDRESS   DATE JAN 3 1967   Charles	ATURE
2	Softer II wish fallsbury, rather and 1901 france	Jusque

TIMENT OF HEALTH

4 WHO PITSEL STILL MODELTS () PETTS OUR PETT OF STILL SAME BRUSE LANKITORD 1415 MECRO X 083811 31411 THE SENT LEAD DIARY AND LIFE THAT AND LIFE T 1) topy to significant the popular thank



. 46.271 17398 . Est, 2,251 De moses with the Salar H. Tadling, does See. 2 It - letter -In Zul skrith 77 -11-11 O JA the second of the second second

## MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS 301 W PRESTON STREET, RALTIMORE

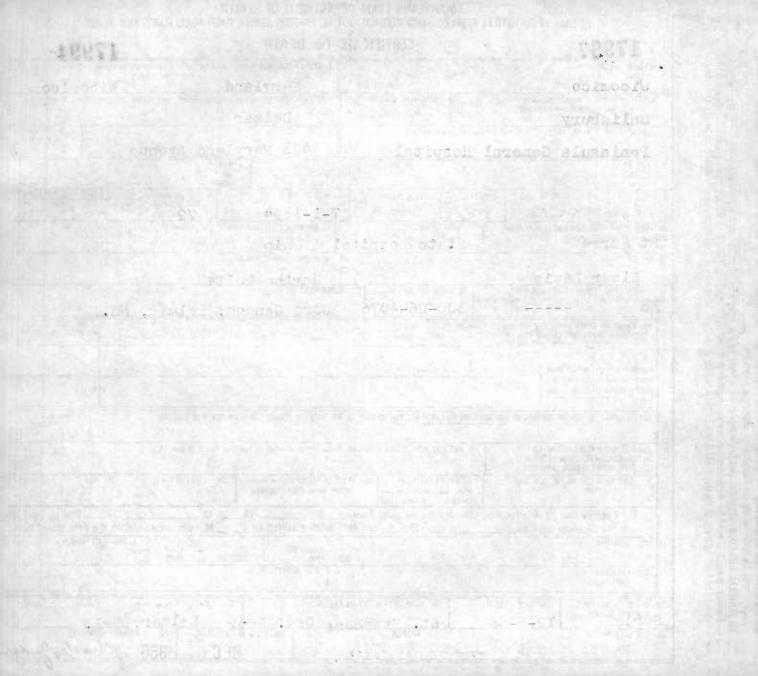
		Division of STATISTICAL RE	SEARCH AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYLAN	ID 21201	
4	)	17997	CERTIFICATE	OF DEATH		17994	
-		PLACE OF DEATH			Where deceosed lived, if institution:	Residence before odmission	an)
	(	o. COUNTY Wicomico	MARYLAND	o. STATE Maryl	and b. COUNTY	Wicomico	
	ŀ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		itside corparate limits, write RURAL		
		write RURAL and give nearest town)		Delm	0.70	27	,
		Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite	al give street address)	d. STREET ADDRESS	ar	e. IS RESID	DENCE
0	,					ON A FA	ARM?
D		Peninsula General E		408 Ma			NO X
	(	NAME OF DECEASED (Type or print) MABE L	JANE LA	EWIS	4. DATE Month OF DECEMB.		66
	S. S	SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED X 8	. DATE OF BIRTH		FUNDER I YEAR IF UNDER	R 24 HRS.
	F	EMALE WhiTE WIDOW	ED DIVORCED C	7-1-1894	72 yrs.	oditus poks ponis	Min.
	100.	. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT	
	dur	ing mast of working life, even if retired)	State Hospita	Ohio		COUNTRY?	
H		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	UDA	
90		Flmom Louis		D 43			
	15	Elmer Lewis WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	Bertha 1	WOLT'S Address		
	(Ye	or no or unknown) (If was give wor or dotes of service)					
	- 1		300-26-4076	Dora Can	non, Delmar,	Md .	DUEEN
		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).) Resperatory	Jalenc		ONSET AND D	
53		164X DUE TO		6	1		
		Conditions, if any, which gave ) (b)	weheal & supe	now bean Car	ral Obstruce	ling	
		rise to immediate cause (a), Stating the underlying cause DUE TO	<i>Oa</i> .				
		lost. (c)	Thedistenne (	arcinone			
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTO PERFORM	OPSY
0	N N						NO C
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part Lor Part II of item 18 )		
-1/	ERT	OR CONTRIBUTING  CAUSE OF DEATH	DESCRIBE HOW HOOK! OCCORNED.	conditions of injury in	Tan Far II at nom 10.9		
	AL (	(IF EITHER, NOTIFY MEDICAL EXAMINER)	d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, form	n. 20f. (City or town)	(County) (	(State)
	NED(C	Haur a.m.	hile Not While focto	ory, street, office bldg., etc.		(coom)	Jidioj
	2		work U at wark U			10 11 10 1	
		21. I certify that (I) (this haspital) att	ended the deceased fram		19	_, 19, that (I) (	
		saw the deceased alive on	IY, and that	death accurred at	73M, fram causes an		a abave
		220. SIGNATURE	1 /	ATTENDING	MED. STAFF	22b DATE SIGNED	
1		arehard 6 H	ugnes M.D	111101	DIRECTOR L PHYS.	14/100	
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(County) (S	Stote)
		Burial 12-6-66	St. Stepher		Delmar,	Del.	
1	24	I. FUNERAL DIRECTOR	ADDRESS	2So. REC'		TRAR'S SIGNATURE	TW.
K		MARVEL FUNERAL HOME,	lst&GROVE STS.,	DATE	DEC 6 1966	Mianley &	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perhit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence perore admission) 1. PLACE OF DEATH a. COUNTY Wicomico b. COUNTY MARYLAND within 72 haurs after b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Wes YES NO Peninsula General Hospital 3. NAME OF pan 4 DATE Month Year Lost Dov and completely DECEASED 196 (Type or print) even AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. last birthday) Manths Days Hours - 25-06 DIVOR CED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in during most of working life, even if retired) COUNTRY? INDUSTRY physician Maryland Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Nettie Randolph Bolden Livingston WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dates af service) 267-18-7137 Livingston Jast crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), gpd (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO burial Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) directar, page 3 shauld be detached far use should be filed with the State Dept. af Health NO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark /3 . 19 66 that (1) (we) last 21. I certify that 他 (this haspital) attended the deceosed from 11/29 19 66 to 19 66, and that death occurred at 10 1/2 M, from couses and on the date stated above. saw the deceosed alive on\_ 22a. SIGNATURS 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1302 OCEA 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Salisbury wicomico Green Acres 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL BIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATE DEC 1966

24 hours after death

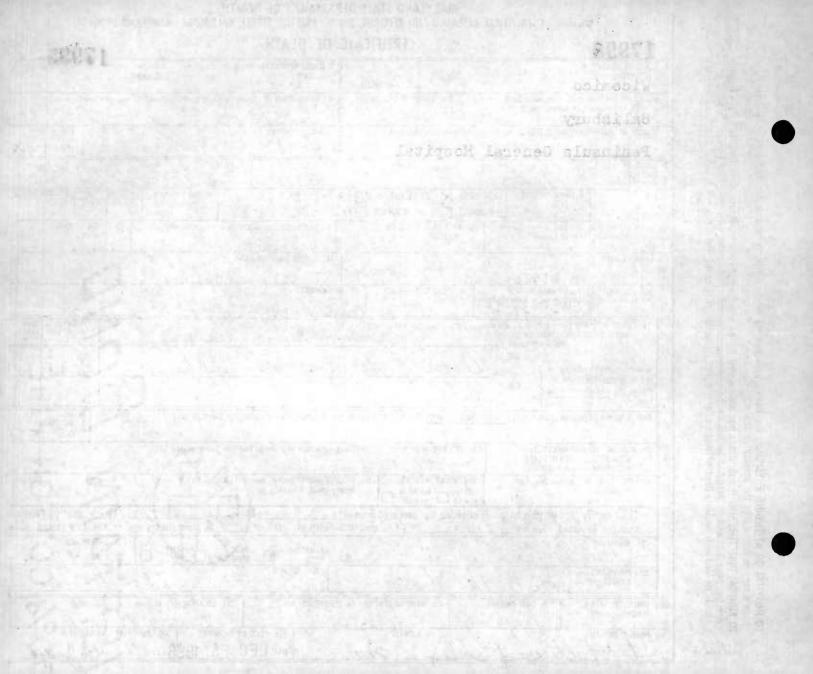
be executed

certificate

requires that the death

attending

Page 4 may be retained by the haspital



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY Wicomico

b. CITY OR TOWN (If outside corporate limits, write RURAL and give acarest town) MARYLAND c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 WK3 VONA Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital NO S YES | 3. NAME OF DATE Month Doy DECEASED DECEMBER 19 6 (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED birthdoy) last Months Doys Hours WIDOWED DIVORCED 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRIHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT atworking life, even if retired) VANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA 15." WAS DECEASED EVER IN U.S. ARMED FORCES? .17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) ENONA MIC 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH rotestatio IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), **DUE TO** stating the underlying couse lost. WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased from 19 , to 19\_\_\_, that (I) (we) lost \_\_\_\_, and that death occurred at A M, from couses and on the date stated above sow the deceosed olive on. 22b. DATE SIGNED 22o. SIGNATURE freeze M.D. PHYS DIRECTOR PHYS. 66 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 13B4RX 234 NAME OF CEMETERY OR CREMATORY ORNER 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION 23b. DATE THEREOF ORRANCE emoter URRENCE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1966

within 24 haurs after death by the funeral Pages 1 and buriol-transit permit. Then please remave carban papers. Pages 1 burial, crematian, or removal, and in any event, within 72 haurs after campletely filled in physician certificate. attending death signed by the buriol-transit p 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to

and 2 death.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18000 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death. and campletely filled in by the funeral remave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Dorchester MARYLAND Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give neorest town) Salisbury Cambridge IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS NO K Pine Bluff State Hospital Edgewood Avenue YES | 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Edward Levin Major DEATH December 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED Hours Male Colored June 10,1908 WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? A. the attending physician sit permit. Then please Dorchester Co., Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal William Major Nettie Boston 17. INFORMANT Records of Pindess Bluff IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-10-8510 State Hospital, Salisbury, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH UNKNOWN Carcinoma of lung IMMEDIATE CAUSE (o) . DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) detached far use e Dept. of Health NO TO Pulmonary Tuberculosis 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram <u>December</u> 29.66, ta <u>December</u> 19.66 that (1) (we) last saw the deceased alive an <u>Dec. 23</u> 19.66, and that death accurred at 8:20M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE Dec. 23, 1966 M.D. PHYS. 22d. ADDRESS Pine Bluff State Hospital 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland -21801 Ritchings, M.D. director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Bethel Md. Cambridge 250 REC'D BY REGISTRAR 2Sb... REGISTRAR'S SIGNATURE lianten VR A15 (4)

STREET, I L. H. HOLDER SHIPE 1017830 027 CENTREMENT CONTRACTOR OF THE PROPERTY OF THE P the provided as a provided to be been a consequence of the consequence Legitives and the second of th The Edward Control

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18001 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. STATE d. COUNTY Wicomico burial-transit permit. Then please remave carbon papers. Pages 1 burial, crematian, or removal, and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Salisbury IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS Peninsula General Hospital YES 🗔 NO 3. NAME OF DATE Month Last Day Year DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** Months Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), add (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY DASET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o). **DUE TO** stoting the underlying cause After this certificate has been be detached far use as the State Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc. Nat While otywark 21. 1 certify that (1) (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the 19 66, and that death occurred at 11 40 M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING M.D DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS Medical Center NAME (Type) Burton Salisbury Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Busia 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20 M 1/66

2 Sellision. Particach Larened Afronthes and the second of the second o

Levicacil Lecensia alcaning I levillas xxx 

BONDON CONTROL

HANDERSON OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18003 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Wicomico lease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, write\_RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. PITY OR TOWN (If autside carpo at limits, write RURAL and give negrest town Salisbury AMES d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital NO K 000 3. NAME OF First Middle Month Doy DECEASED (Type ar print) OF DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6\_COLOR, OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Days Hours WIDOWED DIVORCED KIND OF BUSINESS OR & State, or fareign country) 12. CITIZEN O most of working life, even if retired) BERVISOR 14. MOTHER'S MAIDEN NAME removal, BRIEL INFORMANT 16. SOCIAL SECURITY NO. permit. Б crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for In). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ signed DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO Page 4 may be retained by the haspital ar attending stating the underlying couse as the prior to last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? far use af Health NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached shauld be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) aftended the deceased from Sec. 24 19 (do, and that death accurred at 51/0M, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) ZEMOYAL (Specify) ELEK RINCESC

REGISTRAR'S SIGNATURI

25b.

VR A15 (4)

24. FUNERAL DIRECTOR

Heire I oping pity DXCMartin Commence of the Comm TETOBELING Feminadis General Hospital The Mark the Mark the Commencer of the AcTINED JUST SUPERISON TENDER CARBUEL ATE LATTE THEY WILLIAMS Dromes of worder NEW TOTAL STREET STREET STREET STREET OF THE STREET will have been a second or the little on we say a south to the south of the say the

MARYLAND STATE DEPARTMENT OF HEALTH

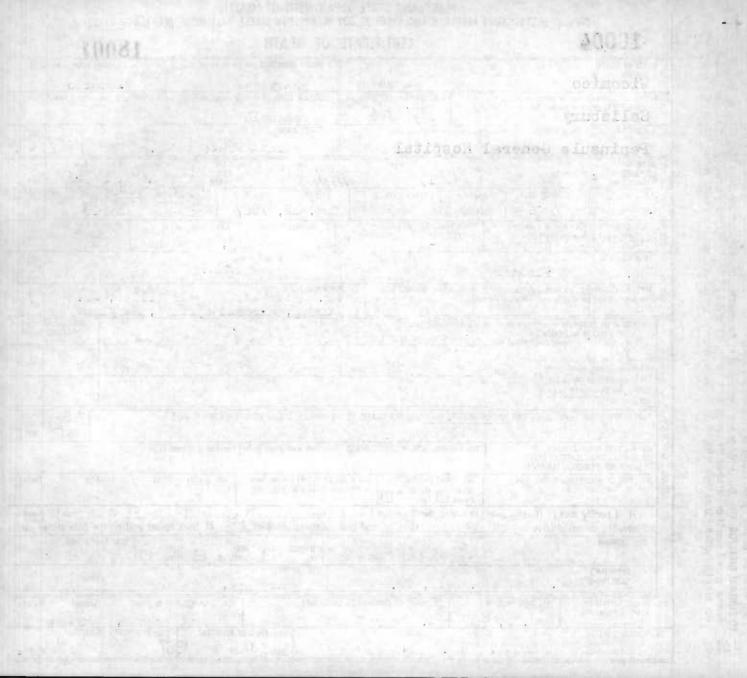
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1200% CEDTIFICATE OF DEATH

/		70003	CERTIFICATE	OF DEATH		8001
		PLACE OF DEATH				: Residence before odmission)
	(	Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY	Wicomico
		CITY OR TOWN (If outside corporate limits	c LENGTH OF STAY IN 16 D	c. CITY OR TOWN (If outside	corporote limits, write RURAL	
		write RURAL and give neorest town) Salisbury	12/16/66	Mardela		22.1
9.	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		Peninsula General	Hospital	Main & B	ratten Sts.	YES NO X
		NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
	(	(Type or print) Emont	(NMI) //	ILLER	DEATH DECEM	DER 28 1966
	S. 5	6. COLOR, OR BACE 7. M		. DATE OF BIRTH	last hirthday)	Wonths Days Hours Min.
	1	011116 101116		Oct. 18, 1867	77 Yrs.	2 10
	10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto		12. CITIZEN OF WHAT COUNTRY?
	-	ng most of working life, even if retired)	-	Howard Count		COUNTRY? USA
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Unk.	
		Unk. Fissler		Barbara		
		WAS DECEASED EVER IN U.S. ARMED FORCES? s_no, or unknown) ((If yes give wor or dotes of servi	ice) 16. SOCIAL SECURITY NO. 17. II	FORMANI Mr. Sylvester	Maxwell Mill	er. Jr. (Son)
		No		Box 95, Marde	<u>la Springs, L</u>	aryland
		<ol> <li>CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:</li> </ol>	4	16	220	INTERVAL BETWEEN ONSET AND DEATH
		1/ 28 A IMMEDIATE CAUSE (o)	Anteriosclerot	ic trout	- 1)15802	
		Conditions if any which gove	and General	I A	itain sole	
		rise to immediate couse (a),	General	YECO N	MENTO SOLE	4027
		stoting the underlying couse (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	RUTING TO DEATH RUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
)	NO 1	Chronic Renal	Disease a	11	en ia	PERFORMED?
	E S	20o. ACCIDENT WAS UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCURRED. (I			113   110
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TAT A	and the second s		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	MED	Hour o.m. p.m. 19		ory, street, office bldg., etc.)		
		21. I certify that (I) (this hospital)		Dec 16 196	6. to Dec 28	. 19 66, that (1) ( last
Ł		saw the deceased alive an Dec	28 1966, and that	death accurred at 10	A. M, fram causes an	d an the date stated above.
		220. SIGNATURE	0 11 510	ATTENDING MED	STAFF	22b. DATE SIGNED
		Ordura	C. Hell Jr. M.D	PHYS. L. DIRE	CTOR PHYS.	12/28/66
1		22c. PHYSICIAN'S NAME (Type) Dr. Thomas	O 11: 11 T.	22d. ADDRESS	2.0	
1		22 • Thomes			y, Maryland	
1	230.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			23d. LOCATION (City or Town)	, , , , , , , , , , , , , , , , , , , ,
1	0.1	Burral Dec.31,19			Howard Count	
0	24.	FUNERAL DIRECTOR HOLLOWAY & COMPANY	ADDRESS SAITSBURY MARYLAN	2So. REC'D BY		STRAR'S SIGNATURE
1		TILLIA TO ALL CVI LA SIVIT ALL VI A	the first trade of the first tra	T DATE A FILE	N N/ 14 16 1/1 //	The state of the s

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit perfits. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18005 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. STATE Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury 64 days IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS RFD # L - Snow Hill Road Head State Hospital Deer's NO YES 4 DATE Month First Year Mitchell 19 66 Preston December NORRIS (M.) DEATH IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED last birthdoy) Doys White WIDOWED DIVORCED March 20.1904 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? Wicomico County, Mar land Timber 14. MOTHER'S MAIDEN NAME Mitchell Martha J. Coulbourne 17. INFORMANT 16. SOCIAL SECURITY NO. Mr. Preston E. Mitchell (Son) 220-09-1922 R.D. #4. Snow Hill Rd. Salisbury INTERVAL BETWEEN head and ONSET AND DEATH Carcinoma of/body of pancreas with wide-spread IMMEDIATE CAUSE (o) metastasis DUE TO (b) DUE TO 19. WAS AUTOPSY PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

3. NAME OF DECEASED S. SEX Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. ot work ot work , 1966, to 12/1 . 19.66, that (the (we) last 21. I certify that Of (this hospital) attended the deceased fram\_ 1966, and that death accurred at 1 P. M, fram causes and an the date stated above. saw the deceased alive an 12/1 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. 12/1/66 M.D. 22d. ADDRESS Deer's Head Hospital; Salisbury, Md. Charles H. Winnacott, M.D. NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) Mitchell Family Cemetery Wicomico County, Maryland 3.1966 Burial 259 REC'D BY REGISTRAR 196 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

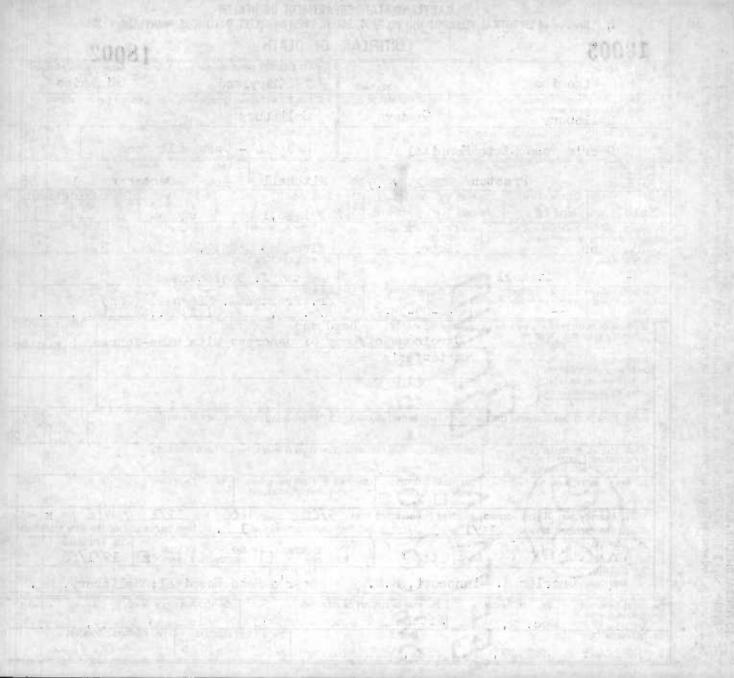
1966

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and and in any event, within 72 burial, crematian, ar O HOSPITAL OR ATTENDING PHYSICIAN: The law requires mu Page 4 may be retained by the haspital ar attending physician. this certificate has been far TO FUNERAL DIRECTOR: After directar, page shauld be filed

death.

o. COUNTY

VR A15 (4) 20 M 1/66



1.	PLACE OF DEA	тн		2. USUAL RESIDE	NCE (Whare deceased	lived, If instituti	ion: Residanc	a befora admis
		comico	MARYLAND	Califo		Vent		
	b. CITY OR TOWN write RURAL a	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURA	L and give n	earest town)
	Salis	bury	3 Days	Oxnar	-		4	3,0
		PITAL OR INSTITUTION (if not i	n hospital, give street eddress)	d. STREET ADDRES				IS RESIDE     ON A FA
-		. Park Dr.,			uglas Ave.			YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
-	(Type or print)	JANE	KYLE	NEEDHAM	DEATH	12	19	19 66
) 3	. SEX	2 40 9 1	THE LACK MAKEED	8. DATE OF BIRTH	9. AGE	(In years IF UNI		Hours M
1	Female			Aug.16,1897	1 69	yrs.		
d	one during most of v	working life, even if retired)	Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Ste	te or foreign country)	12	. CITIZEN OI	WHAT COUN
_	House W	ire	Own Home		Baltimore		U.S.A	
13	B. FATHER'S NAME	25 02 1 1		14. MOTHER'S MAIDE				
12		McClintock  EVER IN U.S. ARMED FORCES?	Lac cocket cockets and the	Frances	Lawrence			
()	(es, no, or unkown)	(If yes give war or dates of service)		INFORMANT		Address		
-		DEATH [Enter only one cause		enry P. Need	nam. sees s	sec 2		
	443	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cerebral	Hemon	lange of the state	_	3	SET CHETEAT
	Conditions, if all gave rise to imme (a), stating the cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  hy, which diale cause	By July	Hemon	J. Du	-	3	Set Old JEAN
FICATION	Conditions, if a gave rise to imme (a), stating the cause last.	DUE TO  hy, which diale cause underlying  HER SIGNIFICANT CONDITIONS	Contributing to DEATH BUT N					WAS AUTO PERFORME
CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b) DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING	Bygata.					PERFORME
MEDICAL CERTIFICATION	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20b. EXTERNAL PRIMARY Or COLUMN OF DEATH	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b) DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING [ 20b. D  UURY Month, Day, Year [ 3]	CONTRIBUTING TO DEATH BUT N ESCRIBE HOW INJURY OCCURED. 20d. INJURY OCCURRED   200. PL		art I or Part II of item 11	8.)		PERFORME
_	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20a. EXTERNAL PRIMARY or CAUSE OF DEATI  20c. TIME OF IN Hour a.m	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b) DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING   UURY Month, Day, Year  1. 19	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURED 20e. PL While Not While 16	(Enter nature of injury in F ACE OF INJURY (Homa, fa clory, street, office bldg., a	art I or Part II of item 11	8.)	(County)	PERFORME ES NO
	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20s. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m p.m  21. I certify	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b) DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING   UURY Month, Day, Year  1. 19	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURRED 20e. PL  While Not While to work at work remains described above, h	(Enter nature of injury in F ACE OF INJURY (Homa, fa clory, street, office bldg., a	rm, 20f. (City or low to.)	8.) (n)	(County)	PERFORMEI ES NO
_	Conditions, if a gave rise to imme (a), stating the cause last.  PART II. OTH  20a. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m p.m  21. I certify death resulted	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b)  DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING []  UJURY Month, Day, Year  (c)  19  that I took charge of the	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURRED 20e. PL  While Not While to work at work remains described above, h	(Enter nature of injury in F ACE OF INJURY (Homa, factory, street, office bldg., a	rm, 20f. (City or low to.)	n)	(County)	PERFORMEI ES NO
	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20s. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m p.m  21. I certify	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b)  DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING []  UJURY Month, Day, Year  (c)  19  that I took charge of the	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURRED 20e. PL  While Not While to work at work remains described above, h	(Enter nature of injury in F  ACE OF INJURY (Home, fe ctory, street, office bldg., e  eld an Autopsy, cide, Homicid  CHIEF MEDICA	rm, 20f. (City or low to.)	n)	(County)	PERFORMEI ES NO
	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20a. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m. p.m.  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  (b) DUE TO  (c)  HER SIGNIFICANT CONDITIONS  CAUSE WAS CONTRIBUTING   20b. D  LUURY Month, Day, Year  19  that I took charge of the difform: Natural causes	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURRED 20e. PL  While Not While to work at work at work at work at work.  Temains described above, h  Accident , Sui	(Enter nature of injury in F  ACE OF INJURY (Homa, fe ctory, street, office bldg., e  eld an Autopsy, cide, Homicid CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDICA	Inspection Undeterr	Inquiry nined manner	(County)	PERFORME ES NO
MEDICAL	Conditions, if a gave rise to imme (a), stating the cause last.  PART II. OTH  20a. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m p.m  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DUE TO  BY, which odiale cause underlying DUE TO  CAUSE WAS CONTRIBUTING DUE TO  CAUSE WAS CONTRIBUTING DUE TO  LIURY Month, Day, Year Due to	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURRED 20e. PL  While Not While to work at work remains described above, h	(Enter nature of injury in F  ACE OF INJURY (Home, fectory, street, office bldg., e  eld an Autopsy, cide, Homicid  CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDIC  Address (Stree	Inspection Undeterr	Inquiry	(County) and D.	PERFORME ES NO
MEDICAL	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTHER OF LOCAUSE OF DEAT!  20c. TIME OF IN Hour a.m. p.m.  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	DUE TO  BY, which odiale cause underlying DUE TO  CAUSE WAS CONTRIBUTING DUE TO  CAUSE WAS CONTRIBUTING DUE TO  LIURY Month, Day, Year Due to	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURED 20e. PL While Not While 1 work 1 st work 1  remains described above, h  Accident . Sui  Dyer Salisbury, 1  22c. NAME OF CEMETERY C	(Enter nature of injury in F  ACE OF INJURY (Home, factory, street, office bldg., e  eld an Autopsy, cide, Homicid CHIEF MEDICA	Inspection Undeterr L EXAMINER AL EXAMINER	Inquiry inined manner	(County) and D.  12-19- untry)	PERFORME ES NO  (State in my opini
WEDICAL	Conditions, if all gave rise to imme (a), stating the cause last.  PART II. OTH  20s. EXTERNAL PRIMARY or CAUSE OF DEAT!  20c. TIME OF IN Hour a.m p.m  21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23. BURIAL, CREMAT REMOYAL (Special REM	DUE TO  DUE TO  May, which bediate cause underlying but To  CAUSE WAS CONTRIBUTING DETERMINED DOWN TO  CAUSE WAS CONTRIBUTING DETERMINED DETERM	CONTRIBUTING TO DEATH BUT N  ESCRIBE HOW INJURY OCCURED.  20d. INJURY OCCURED 20e. PL  while Not While fe t work st work st work st work Suit  remains described above, h  Accident . Suit  byer Salisbury, 1	(Enter nature of injury in F  ACE OF INJURY (Homa, factory, street, office bldg., e  eld an Autopsy, cide, Homicid  CHIEF MEDICA  M.D. ASSISTANT M  DEPUTY MEDICA  Address (Stree  OR CREMATORY  ional Cemete	Inspection Undeterr L EXAMINER DECICAL EXAMINER DIS, city, town, or county 22d. LOCATION (CTY ATline	Inquiry	(County)  and  D.  12-19-  untry)	in my opin  ATE SIGNE (State)

delate de The same . The little CAN PAGE TO LAND Resident April 600 con The fall of the control the contract of the contract o The state of the s . If the main a stand for the stand of the s and hardful maly all conditions and many and School Tunion

The same of the sa			on of STATISTICA	r KESEAK	CH AND RECORDS, 30	W. PRESTON	STREET, BAL	IMORE, MARYLA	ND 21201	
TATE DEPT.		18007		MEDIC	AL EXAMINER'S	CERTIFICAT	E OF DEA	TH	1001	14
PI.	1. 1	PLACE OF DEATH					NCE (Where dece	osed lived, if institution	n: Residence seron	e admission)
- George		COUNTY COMIC	30		MARYLAND	a. STATE	aryland	b. COUNT	Wicomic	0
		CITY OR TOWN (If outside write RURAL and give to	de corporote limits,	(	LENGTH OF STAY IN 16			rote limits, write RURA	L ond give neores	t town)
		Salisbu	neorest town)			II .	alisbury		2	21
-	(	. NAME OF HOSPITAL OR	INSTITUTION (If not in	hospitol, give	street oddress)	d. STREET ADDRE				e. IS RESIDENCE ON A FARM?
0		Peninsu	ıla Genera	l Hosp	ital	1	16 Fooks	Street		ON A FARM? YES NO 5
		IAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
	(	Type or print)	CLAR	4	EDNA	NOCK	OF DEAT		19	19 66
	S. S	EX 6. CO	LOR OR RACE 7. I	MARRIED [	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
			1	IDOWED X	DIVORCED	Aug. 7,	1888	last birthday) 78 yrs.	Months Days	Hours Min.
	10a.	USUAL OCCUPATION (Give Ing most of working life, eve	kind of work done	10b. KIND INDUS	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	WHAT
	1	buse Work	, remedj	114003		Worces	ter Coun	ty, Md.	USA	
		FATHER'S NAME				14. MOTHER'S MA				
1		Why Parker,	William J	ohn		Sally	Ann			
		WAS DECEASED EVER IN U.S., no, or unknown) (If yes			IAL SECURITY NO. 17.	INFORMANT	ון ידו ב	1- / dress		
	(10.	No (in less)	give wal of dates of serv	100)		Mr. Ralp Baysinge	r Traile	r Court, Sa	lisbury	. Md.
		18. CAUSE OF DEATH (E	nter only one cause pe	r line for (a)	(b), and (c).)	0	^		INT	FRVAL RETWEEN
1		PART I. DEATH WAS	MMEDIATE CAUSE (a)	V	ulum	Such	lun_			SET AND DEATH
		704.0	DUE TO	5		) ,				^
		Conditions, if any, which rise to immediate couse	gave ) (b)_	-	x mr	kum			6	Lane
		stating the underlying o								X
		last.	) (c) _							U
_	8	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTR	IBUTING TO D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
)	₹.								YE	ES NO
1	CERTIFICATION	20a. EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBUT	ING	20b. DESCRI	BE HOW INJURY OCCUPRED.	(Enter nature of inju	ary in Part I or Pa	rt II of item 1B.)		
		CAUSE OF DEATH.			Foll at	14mms		1	100	
9	MEDICAL	20c. TIME OF INJURY Mo Hour a.m.		While	Mas While	CE OF INJURY (Home	e, farm, 20f.	(City or town)	(County)	(State)
4	2		2-13196	at work L	at work	m		oush	7 001	- vine
1					ns described obove, h	eld an Autopsy	, Inspect	ion 🔀 , Inquir	y 😿 and	in my opinia
		death resulted fro	Natural ca	uses,	Accident , Sui	ide 🔲, Ham	icide ., l	Indetermined mar	ner 🔽	
		ACTUAL				CHIEF ME	DICAL EXAMINER			
		SIGNATURE	1	1		193.60.	T MEDICAL EXAMI		7 2	22. DATE SIGNED /1966
			Earl L. Ro				MEDICAL EXAMINE		Dec.	17900
-	00	NAME (Type) 109			isbury, Mary	LCILLUL	(Street, city, town			
	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF		3c. NAME OF CEMETERY OR		23d. L	OCATION (City or Town	) (County)	(Stote)
1	24	burial	Dec. 21.1	966	Parsons Ceme	tery	Se Se	alisbury.	Maryland	
	24.	FUNERAL DIRECTOR	COMPANIA	SATTOT	ADDRESS BURY, MARYLAN		REC'D BY REGIST	2 1956 REGIS	TRAR'S SIGNATUR	Judge
		TICHTICH WIT CO	O CHATCHIA I	TOTHER	DUTTE BURNET TOTAL	LL/ DAT		H INVY		11 4

MARYLAND STATE DEPARTMENT OF HEALTH

BANAT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18008
CERTIFICATE OF DEATH

					SCHOOL STATE OF THE SCHOOL	•		4 On	13 pm	
1. PLACE OF DEAT	ГН				2. USUAL RESIDEN	CE (Where dec			dence before a	dmission)
W	icomico	AGUST	MARYL	ANO	a. STATE	vland	b. cour	Wicor	mico	
b. CITY OR TOV	NN (if outside corpora L and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If		porate limits, wi			st town)
	L and give nearest tow alisbury	n)				isbury			22	1
d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street ad	dress)	d. STREET ADDRESS	20000			e. IS RE	SIDENCE FARM?
50	00 Winder S	treet			500	Winder	Street		YES	NO TO
3. NAME OF DECEASED	FI	rst	Middle		Last	4. DATE	Mont	h	Day Ye	ar
(Type or print)	CH	ARLIE	(NMI)		PHILLIPS	DF DEATH	Decem	ber	5 19	66
5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	区 8.	OATE OF BIRTH	9.				
Male	White	WI00WE0			pril 5, 188	30	86 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work king life, even If retire	done 10b. KI	NO OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State,	or foreign country	() 12. CITI	ZEN OF WHA	T
None		,	None		Allen, Ma	aryland	1		SA	
13. FATHER'S NAM	ME	E1172 (5)			14. MOTHER'S MAIL					
William I					Estelle 1	Price				
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	NFORMANT Clarence	e E Pi	Addre	Broth	ar)	
no	-		none	5	00 Winder	Street,	Salisb	ury. M	aryland	i
18. CAUSE OF	OEATH [Enter only on	e cause per li	ne for (a), (b), and (c).	]	4.0				INTERVAL BI	TWEEN
PART I. O	EATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	Houar	1	Herouls	orio			ONSET AND	UEATH
420.	1			1					Jam	u
Conditions, If	, , , , , , , , , , , , , , , , , , , ,	( Cor	ovary	ars	Grodel	ero	no	1999	4 use	an
gave rise to		TO	/	11.0	/			7	1	
cause (a), s underlying cau	taring the								The state	
	SIGNIFICANT CONDITION	(c) DNS CONTRIBU	TING TO CEATH BUT NO	T RELAT	ED TO THE TERMINAL I	DISEASECONI	DITIONGIVENIN	PART 1(a)	119. WAS A	UTOPSY
PART II. OTHER  20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO		enlay	lugge		sive di	sea.	re		PERFOI YES	RMEO?
20a. ACCIOENT	WAS UNDERLYING	20b. 0	ESCRIBE HOW INJURY	Y OCCUR	REO. (Enter nature of	f Injury In Pa	rt I or Part II o	of Item 18.)		
(IF EITHER, NO	ING CAUSE OF DEA	NER)	N/A							
F 20c. TIME OF	INJURY Month, Oay,	Year   20d. IN	JURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fa	arm, 20f. (	City or town)	(Count	(y) (	State)
ZOC. TIME OF Hour a.	m. .m. 19	While at work	Not While at work	factory	, street, office bldg., e	tc.)				
	fy that (I) (this hosp			m	. 1	953 to	Dec 5	, 1964	, that (I) (	we) last
saw the de	ceased alive on A	rec1	1966, an	d that	death occurred at	230 M, fro	m the causes	and on the	date state	d above.
22a SIGNATU	IRE /	. 0	111			MED	OTLEE	22b. OAT	E SIGNEO	
	TUV	o all	WE-	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	Dec.	6 /	1966
22c. PHYSICI.	AN'S				22d. ADDRESS					
	Dr. L. J	J. Sohl	er		303 East	Street	, Delma	r. Mar	vland	
23a. BURIAL, CREI REMOVAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LO	CATION (City, to	own or count	ty) (S	tate)
Burial	Dec. 7	1966	Springhill	L Men	nory Garden	s Sali	sbury, M	arylan	d	
24. FUNERAL OIR	ECTOR		AOORESS		25a. REG	C'O BY REGIS	TRAR   25b. R	FOUST BAR'S	HIGNATURE	ge
HOLLOW	AY & COMPAN	Y, SALI	SBURY, MAR	YLAN	DATE Q	EC 8	1900		0	

VR AIS (4) 20M 1/65

AND THE RESIDENCE OF STREET 10 242 A A COLOR STATE OF THE PARTY OF Certiary Michellevin 3.comerce Comment arbing for Carons 4 speak Carles variables legterstanic di 4000c 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18009 death. requires that the deoth certificate be executed within 24 hours ofter deoth. ond completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY OMICO a. STATE b. COUNTY lease remove carbon papers. Pages 1 and in any event, within 72 hours ofter MARYLAND b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Salisbury hincoteanue d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 401 Willow Street NO Y YES 3. NAME OF pleose remove carbon First Last Day Year DECEASED Priscilla 19 66 (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. SEX AGE 6. COLOR OR RACE (In years 7. MARRIED NEVER MARRIED birthday) Days Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT eaching School COUNTRY? the attending physicion sit permit Tren please Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Ruben Phipps Mary Richardson 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes Ina, ar unknawn) (If yes give war ar dates of service Alice Kambarn hincoteague burial, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUF TO 6 mos Canditians, if any, which gave ARCINIMA (b) rise to immediate cause (a), DUE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for USe Heolth NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache should be filed with the Stote Dept. 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) Haur a.m factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from 20 1000 1966 1966, that (1) (we) last Die 19 6 and that death accurred at 4 3/A M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) B. REMOVAL (Specify) hincoteague. 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Salver Funeral Home 20 M 1/66 rincoteanue

angal reconstant lists For mania Genevel Hospital Lad Machine Lad Mania Marine Committee of the Committee of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18010 death. **ATTENDING PHYSICIAN:** The low requires thot the deoth certificate be executed within 24 haurs after death signed by the ottending physician ond completely filled in by the funeral burial-tronsit permit. Then please remove corban popers. Pages I ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland · Wicomico b. COUNTY Wicomico within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Salisbury c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 10 Days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 801 Camden Ave., Peninsula General Hospital YES 🗍 NO DE 3. NAME OF DECEASED First Lost 4. DATE Month Doy Year WILLIAM CASPER PICEC (Type or print) DEATH event, S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years pirthdoy) Months 1894 and in ony WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Retired Engineer INDUSTRY Delaware, St. George's Electrical 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removol, Edward C. Pierce Mary Watson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Unknown Mrs. Ruth S. Pierce, see sec.2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO is releas Conditions, if any, which gave rise to immediate cause (a). DUE TO os the prior to l stating the underlying cause hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) Health p for use this certificote 20a. ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detoched 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) at work at wark Page 4 moy be retained by , 1950, to 12-19 21. I certify that (1) (this hospital) attended the deceased fram. 1966, that (1) (we) last director, page 3 shauld should be filed with the saw the deceased alive an 17-19 1966, and that death accurred at O. P. M. fram causes and an the date stated above. O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 12-19-1966 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Salisbury, Maryland

Wicomico Memorial Park

23d. LOCATION (City or Town)

1956

250 REC'D BY REGISTRAR

(County)

Salisbury Wicomico Maryland

25h REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

23o. BURIAL, CREMATION

Buria

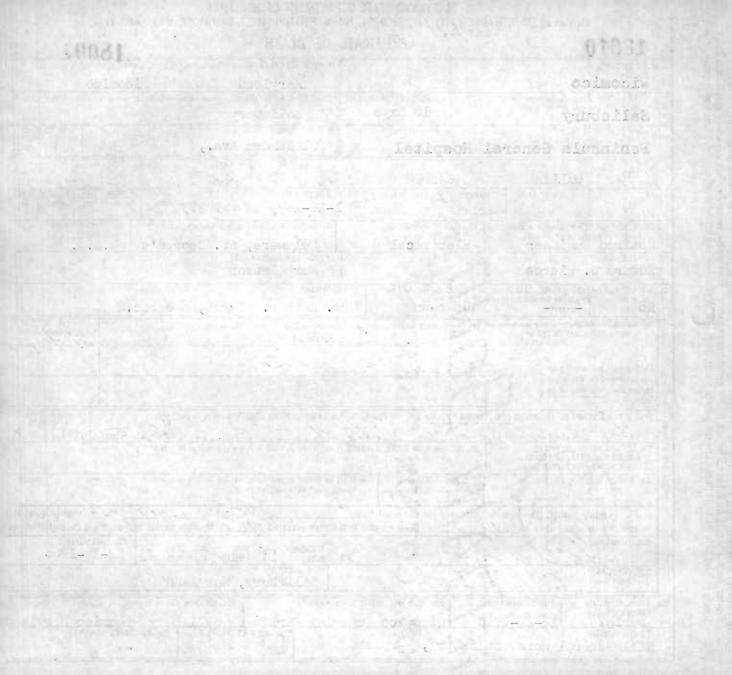
24. FUNERAL DIRECTOR

REMOVAL (Specify)

Hill Funeral Home

DATE THEREOF

12-22-1966

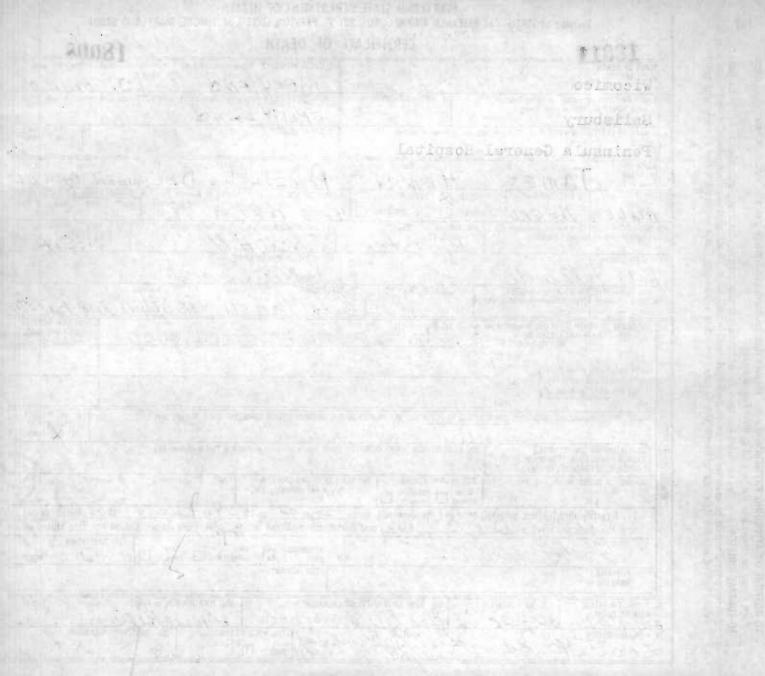


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	18011	CERTIFICATE	OF DEATH	18	200
1.	PLACE OF DEATH			eceosed lived, if institution: Residence	ce before odmission)
	Wicomico	MARYLAND	·MARY/AN	b. COUNTY OF C	omico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and give	neorest town)
	Salisbury		FRUIT LA	NO	2211
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
1	Peninsula General				YES NO
3.	NAME OF DECEASED (Type or print) TAMES	HENRY	POWELL OF	ATH DECEMBER	
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	Doys Hours Min.
L	11.425 11.2010	WIDOWED DIVORCED G	t-18-1889	77 yrs.	
	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote,	or foreign country) 12. CIT	UNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Koheyt Tawell		Salle Ch	ned	
18 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of ser		NFORMANT PAUSELL	Address Address	nd Ro1374
-	1B. CAUSE OF DEATH (Enter only one couse p	er line for (o), (b), ond (c).)	our juice co	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)	Spontances as	peration of V	on, tus	ONSET AND DEATH
	7500 DUE TO		0		
	Conditions, if ony, which gove (b)				
	stoting the underlying couse				
	last. ) (c)				19. WAS AUTOPSY
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTI			GIVEN IN PART I(0)	PERFORMED?
F	20o. ACCIDENT WAS UNDERLYING	I 2015 DESCRIBE HOW INJURY OCCURRED.		r Port II of itom 18 \	AE2 NO
L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2009-DESCRIBE HOW HOURT OCCURRED.			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	Of. (City or town) (Cou	unty) (Stote)
	21. I certify that (I) (this hospita	al) attended the deceased from	Jept , 195	7.10 1Dec 14, 194	that (I) (we) los
	saw the deceased alive on D	ec 13 1966, and that	t death occurred at 3	M, from couses and on th	
	220. SIGNAJURE	aflers M.	ATTENDING MED. D. PHYS. DIRECTO	STAFF C	Dec 66
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23	a. BURIAL, CREMATION, 23b. DATE THEREO	OF Q 23c. NAME OF CEMETERY OR	CREMATORY 23c	1. LOCATION (City or Town)	(County) (State)
	PREMOVAL (Specify) 12 - 516	-66 Phololy 6 1 del	Evergreen	ANDLO KINDBE	erlin, Md.
1 2	4. FUNERAL DIRECTOR	ADDRESS, Men	Drial 250. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SI	
	Larella 12. Jolley	1 - Charles of the	Chap CDATE DEC	23 1966 Miles	melas Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



12. CITIZEN OF WHAT Girdletree. Marvland Mary Grace Pruitt Redden. Girdletree. Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFOR MED? NO (County) (State) Dec 12 19 (as and that death occurred at 12 M, from causes and on the date stated above. 22b. DATE SIGNED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Methodist 24. FUNERAL DIRECTOR DATE DEC Snow Hill, Maryland

nce benare admission)

Day

Days

IF UNDER 1 YEAR

Manths

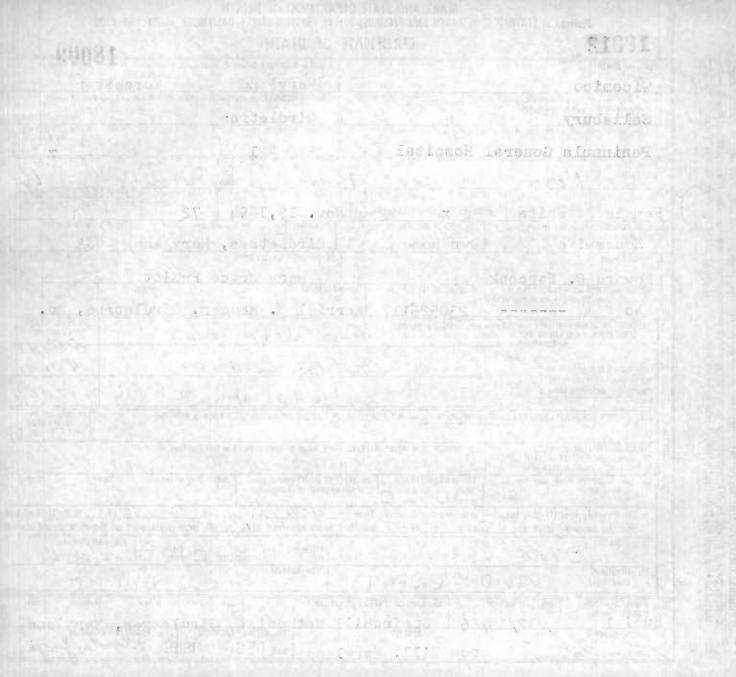
IS RESIDENCE ON A FARM?

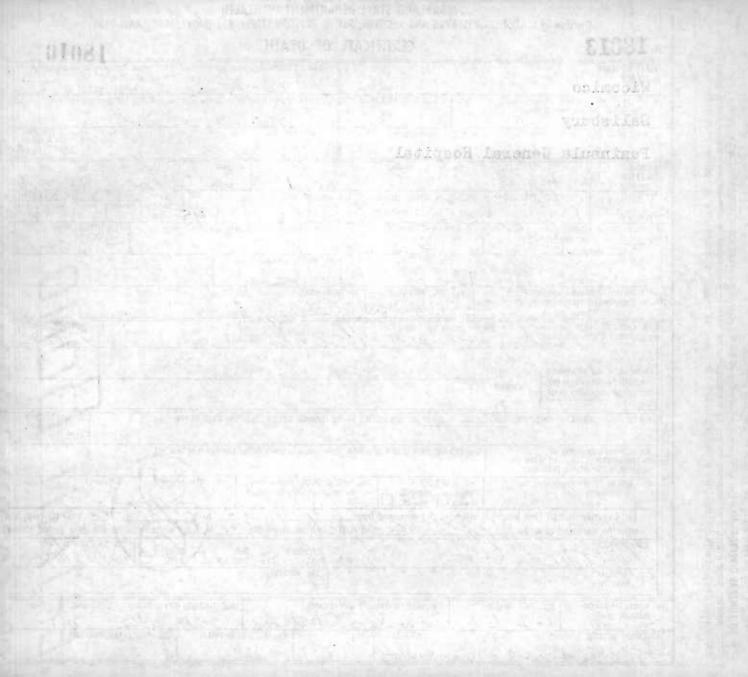
YES NO

Year

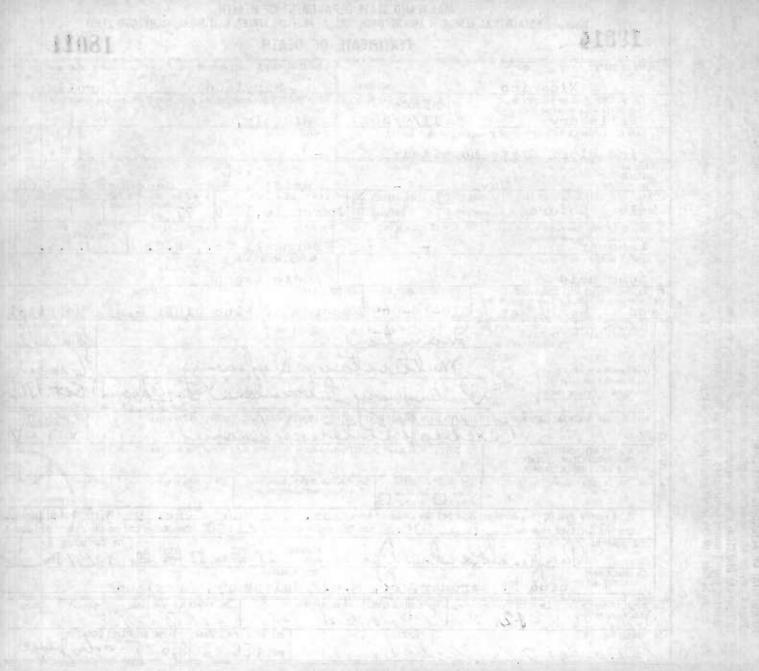
IF UNDER 24 HRS.

Hours





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18014 CERTIFICATE OF DEATH iompletely filled in by the funeral over carbon popers. Pages 1-and-2, event, within 72 hours after death. executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY a. STATE b COUNTY Wicomico MARYLAND Maryland Caroline b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 9/66 Salisbury Ridgely d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? Pine Bluff State Hospital YES NO 3. NAME OF 4. DATE Inst Month Doy Year DECEASED (Type or print) David Reid DEATH December IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH easa remove Months hirthdoy) Dovs Male Colored March 10.1889 WIDOWED DIVORCED physicion and connection 10b. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT low requires that the deoth certificate be COUNTRY? U.S.A. during\_most\_of warking life, even if retired) INDUSTRY Barnwell Co., S.C. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Reid Addie Swann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 218-16-8692Records of Pine Bluff State Hospital World ves War 18. CAUSE OF DEATH (Enter only one couse per line (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been os the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES -NO for 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING detached f te Dept. of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Nat While ot wark at work 21. I certify that the (this hospital) attended the deceased from Nov. 9 , 1966, to Dec. 9, 1966, that the (we) lost 19 66, and that death accurred all: 30M, fram causes and an the date stated above. saw the deceased alive an Dec. 9. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. 12/9/66 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Rufus Gardner . Jr Salisbury, Maryland M.D director, 230 BURIAL, CREMATION REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) 236 NAME OF CEMETERY OR CREMATOR' (County) (Stote) stomecal 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Minney DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Wicomico CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pag an and completely filled in by e remove carbon papers. Pag in any event, within 72 hours hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 802 E. William Street Wicomico County Nursing Home YES NOK within 3. NAME OF Middie Last DATE Month Year Day DECEASED OF DEATH 19 66 RUARK (Type or print) WALTER DEE December executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Days WIDOWED [ DIVORCED July 18, 1896 physician a 10a, USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY and COUNTRY? Salisbury, Maryland Retired) Painter Painting USA certificate <u>a</u> removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jannie Lowe Lee Ruark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 9 (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Pauline L. Ruark (Wife) transit permit cremation, or E. William St., Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN n signed by the burial transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). the hospital or attending physician. rugana DUE TO Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating the certificate has the for use as to the for use as to the formula of underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. YES . NO [ 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) N/A this ce detache e Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) (County) 0 RECTOR: After to 3 should be de with the State Hour a.m. Not While be retained by ATTENDING at work \_\_\_ at work 21. I certify that (I) (this hospital) attended the deceased from 19\_ . 19. .. that (I) (we) last \_ to\_ DIRECTOR: saw the deceased alive on. 19\_ and that death occurred at. \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF PHYS. Page 4 may 1 M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Center, Salisbury, Maryland Medical Richard Hushes 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMDVAL (Specify) Wicomico County, Maryland Walston (Bethel Cemetery burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Milanles HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64

WELLER STATE OF THE CONTRACT OF THE PROPERTY O 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY and 3 to M3. Page af Wicomico Maryland death. Wicomico MARYLAND delay Department CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm State Deg in Item 18. Give Pages 1, Peninsula General Hospital D.O.A R.D. NO [ Shad Point after death. Office alang with 3. NAME OF First Middle 4. DATE Month Lost Dov Year DECEASED DEATH December 1966 FREDERICK WILLIAM SAHLER III with the (Type or print) IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthdoy) Months Hours Mala White Sept. 13,1947 WIDOWED DIVORCED haurs and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any imployee - Wach Operator - Nylon Plant Salis bury, Maryland pages pencil 14 MOTHER'S MAIDEN NAME within 13 FATHER'S NAME c Harriet Josephine Colvin Frederick W. Sahler, Jr. pup File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT be executed ORMANT Cs. Nora Lynn Sahler (Wife) D.#1, Shad Point, Salisbury, Maryland permit. (Yes, no, or unknown) (If yes give wor or dotes of service) ar remayal. 217-44-1034 CAUSE OF DEATH (Enter only one couse per line for ( b), ond (c) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) shauld writing the ward cremation, DUF TO shauld be forwarded to the Conditions, if ony, which gove rise to immediate couse (o). DUE TO This certificate stoting the underlying couse D as burial, a nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. YES K NO 0 pe 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should designated agent, priar AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (Stote) (County) foctory, street, office bldg., etc.) Not While the funeral director. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page ot work 21. I certify that, I taak charge of the remains described above, held an Autapsy x, Inspection X Inquiry x and in my apinion Accident death resulted fam: Natural duses Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Earl Dr. DEPUTY MEDICAL EXAMINER | 2 EXAMINER'S 1966 Dec. 27 Health ( NAME (Type) Ave., Salisbury, Maryland Address (Street, city, town, or county) Camden 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Dec. 28,1966 Salisbury, Maryland Wicomico Memorial Park burial 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR lianles HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15ME (5) 1966

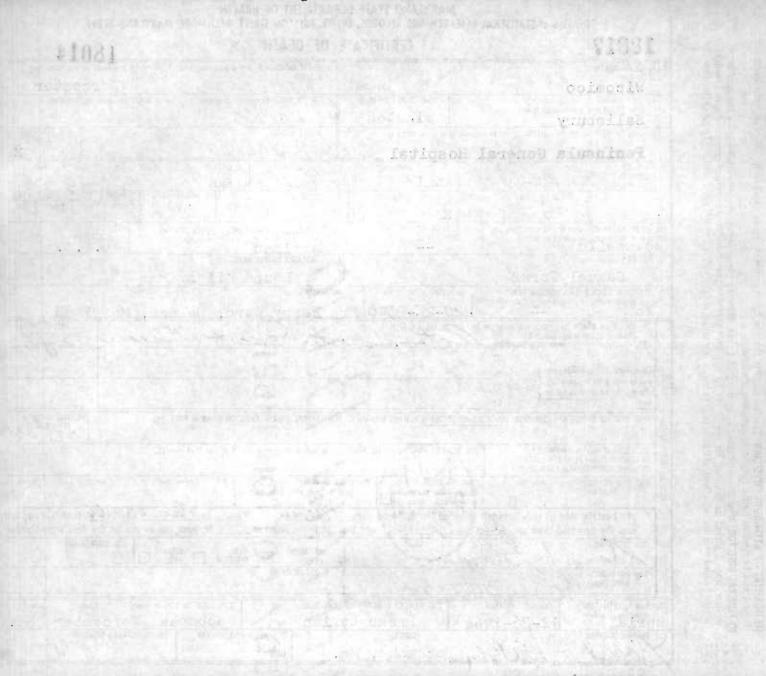
MARYLAND STATE DEPARTMENT OF HEALTH

Rinal configuration and all the Europeal Chark Sembles at the should form - hy 2.7

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18017 CERTIFICATE OF DEATH death. 24 haurs after death by the funeral . Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Wicomico b. COUNTY Worcester 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) minutes Salisbury campletely filled in the attending physician and campletely filled in sit permit. Then please remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula General Hospital YES NO X crematian, ar remayal, and in any event, within within 3. NAME OF 4. DATE Lost Doy Year DECEASED Annie (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. lost dirthday) Months Dovs Hours WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done H. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel Parks Laura Miles 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Harry Ward, Delmar, Maryland No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse ed far use as the af Health priar to last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 1966 toxkee. 23 21. I certify that (I) (this haspited) attended the deceased fram. Jarch shauld director, page 3 shauld should be filed with the saw the deceased alive an selec. 16 19 6C, and that death accurred at 736, M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** M.D. PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23c. NAME OF CEMETERY ON CREMANDRY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burlal Burlal Presbyterian 2-26-1966 Pocomoke Worcester Md. 25g. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) 20 M 1/66 Pocomoke, Md.

Watson

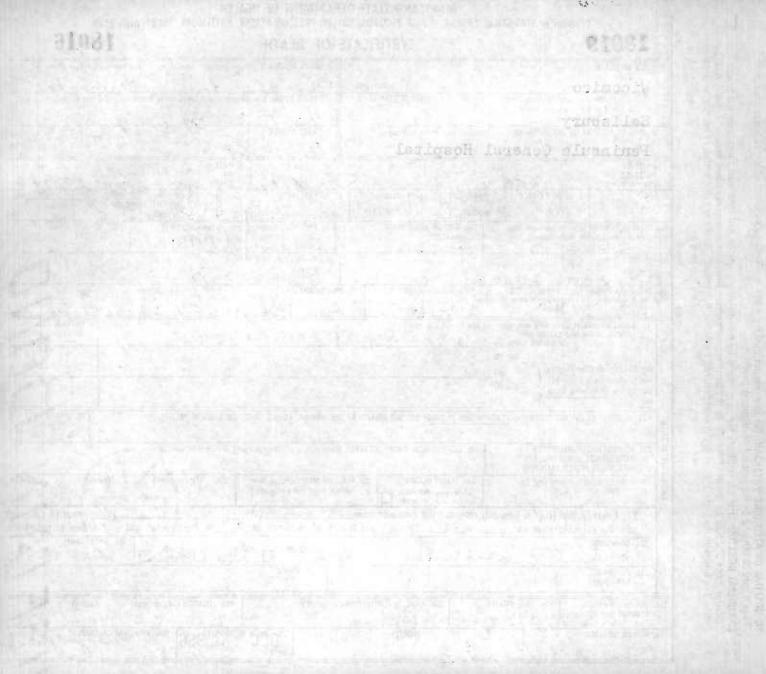
Robert



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18018 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) funeral s 1 and PLACE OF DEATH o. STATE b COUNTY o. COUNTY Wicomico MARYLAND Maryland Wicomico hours after b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) p Salisbury Salisbury e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled in d. STREET ADDRESS ease remave carban papers and in any event, within 72 h ON A FARM? Peninsula General Hospital YES NO Mt. Herman Road 4. DATE Month 3. NAME OF Middle Year First Lost campletely DECEASED BELLE DEATH (Type or print) IF LINDER 1 YEAR IF LINDER 24 HRS AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours 9, 1884 DIVORCED July WIDOWED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Wicomico County, Maryland USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remove Sally Lank John Hammond affending p 17. INFORMANT 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) Lester Shockley (Son) Mr. Parsonsburg Maryland no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been rirector, page 3 should be detached far use as the hauld be filed with the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO F 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache shauld be filed with the State Dept. 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While OR ATTENDING ot work ot work 19 Sothat (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from. 1906, and that death accurred at 255 M, fram couses and an the date stated obove. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. Wilbur R. Ellis, NAME (Type) Salisbury, Maryland 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 230. BURIAL, CREMATION, REMOVAL (Specify) Salisbury, Maryland 1966 Wicomico Memorial Park 9 Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISEURY, MARYLAND VR A15 (4)

21031 ileni. Levice of Lamenta of Danies I A - LOW MEAN THE COURSE WATER 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18019 CERTIFICATE OF DEATH death. within 24 haurs after death campletely filled in by the funeral are carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Wicomico and in any event, within 72 haurs after MARYLAND orcesto b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) remave carban papers. d. STREET ADDRESS ON A FARM? Peninsula General Hospital YES T NO 3. NAME OF DATE Lost Month Doy Year DECEASED DEATH (Type or print) law requires that the death certificate be executed IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years lost birthday) FUNDER 1 YEAR NEVER MARRIED Months Doys Hours WIDOWED DIVORCED YIS and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physics reference referenc during most of working life, even if retired) UNDUSTRY SWOW DIFILE 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 661 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' Address (Yes, no, grunknown) (If yes give wor or dotes of service) CGAN burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While While ot work ot work 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1964, 10 12-23 3 shauld I with the S 1966, and that death accurred at 5 1/2 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 2-24-66 M.D. PHYS. DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) SREMOVAL (Specify) 3 DATE BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb/7 REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 (1	A		MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH )1 W. PRESTON STREET, BALTIMORE, MARYLAN	D 21201
	27	)		18020 CERTIFICATI	E OF DEATH	18017
er deat	by the funeral Bages 1 and 2 nours after death.		(	PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution:  o. STATE Maryland  b. COUNTY	Residence before odmission) Wicomico
ours afte	sly filled in by the fur oan papers. Pages 1 within 72 hours after		1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest town)  Salisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL Salisbury (Rural)	ond give neorest town)
24 ho	illed in papers. hin 72 h	2	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Rt.5 Bowman Drive	e. IS RESIDENCE ON A FARM?
nin	fille pa thin	0	2	Peninsula General Hospital NAME OF First Middle	Lost 4. DATE Month	Doy Year
ted witl	and completely filled in remave carban papers. any event, within 72 h	)		DECEASED (Type or print) Gertrude Mac S	8 DATE OF RIPTH 19 AGE (In vers ) IF	er 25 19 66 UNDER I YEAR   IF UNDER 24 HRS.
прах	con con		-	emale white WIDOWED DIVORCED		onths Doys Hours Min.
requires that the death certificate be executed within 24 hours after death	ician and co lease reman and in any		10o	. USUAL OCCUPATION (Give kind of work done ing most of working life even if retired)  10b. KIND OF BUSINESS OR INDUSTRY NOME	11. BIRTHPLACE (County & State, or foreign country) Virginia	12. CITIZEN OF WHAT
	physician on please aval, and in		13.	FATHER'S NAME  James Cluff	14. MOTHER'S MAIDEN NAME Mary Ann Taylor	STATE OF THE
death ce	signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,		15. (Ye		INFORMANT Address cs. Stanley Bradley Sa	Route 5 lisbury, Md.
that the				INTERNEDIATE CAUSE (0)	ateral. POSV-operative	INTERVAL BETWEEN ONSET AND DEATH
equires				Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse	minol aortic aneurysi	16 9 days -
aw o	us been as the priar to			lost. (c)		
I: The	icate has b far use as Health pric	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN	EPO		L CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)	
IG PH)	r this cel detache		MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
NON	Afte d be e Sto			21. I certify that (I) (this haspital) attended the deceased fram_	, 19 , ta_ at death accurred at 3 \$ M, fram causes and	, 19, that (I) (we) last
TTE	th th	×		saw the deceased alive an 12-25 1966, and the 220. SIGNATURE	at death accurred at > M, fram causes and	22b. DATE SIGNED
OR /	REC 3 s			L. Carry	I.D. ATTENDING MED. STAFF DIRECTOR PHYS.	12-25-66
PITAL	ERAL D	1		22c. PHYSICIAN'S NAME (Type) NEVINS W. 1037-5E.	Medied Center - Selentin	nd nd
TO HOSPITAL	O FUNERAL I	.0	230	BURIAL CREMATION, REMBYALSPECIAL 12-28-1966 Parsons Co	emetery Salisbury,	
_	VR A15 (4) 20 M 1/66	15		Thomas F. Wallace Salisbury, Mc	25a REC'D BY REGISTRAR 25b REGIST	RAR'S SIGNATURE

E .				08781
				woll of M
				yurlailet
	n	isticach	isteds	e Lucintaes
3797				

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page ote Deportment af Wicomico Delaware death. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) ofter Delmar Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? should be farworded to the Chief Medical Exominer's Office along with form hours pencil in Item 18. Give Pages 1, 8 Hitchens St. DOA Peninsula General Hospital YES | NO [ AL EXAMINER: This certificate should be executed within 24 hours ofter death. 3. NAME OF 4. DATE Lost Month within 72 DECEASED OF 12-14-66 Willis Smiley 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Months Hours AA WIDOWED DIVORCED 7 QUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. OTIZEN OF WHAT working life, even if retired) **INDUSTRY** Meryland 13. FATHER'S NAME IM MONHER'S MALDEN, NAME 8 E puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JNFORMANT 15. WAS DEGEASED EVER IN U.S. ARMED PORCES:
(Yes, no, of onknown) (If yes give wor or dotes of service) or removol, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (o) writing the word buriol, cremation, DUE TO Years Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (a), DUE TO stoting the underlying couse 0 ds PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES X please execute the certificate, NO 0 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) agent, prior CAUSE OF DEATH. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge ot work ot work the funeral director. Poge designated 21. I certify that I taak charge of the remains described above, held an Autapsy 4. Inspection X Inquiry and in my apinian death resulted 180m: Natural causes X Accident Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Royer, DEPUTY MEDICAL EXAMINER X Heolth or December Camden Ave Salisbury, Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY) 23b. DATE/THEREOF 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5 JAN West Funeral Home, Salisbury, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

\*[181]\* 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE. b. COUNTY 2, and 3 ta PM3. Page Wicomico d. Wicomico Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Sallsbury c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Salisbury d. STREET ADDRESS d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? with the State Del within 72 haurs in Item 18. Give Pages 1, 605 Hill St. Peninsula General Hospital YES NO IX 3. NAME OF 4. DATE First Lost Manth Year DECEASED CLEVELAND SOLOMAN, JR. 12-25-66 (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Haurs Days 12-10-37 AA WIDOWED 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any Labor Florida
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cleveland Soloman SR. Carry Smith File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY ND. Philadelphia Pa. This certificate should be executed remayal Cleveland Soloman 621 N. 12 St. No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONET AND DEATH Gunshot wound of chest (heart) used os a buriol-trons burial, crematian, ar IMMEDIATE CAUSE (a) writing the ward DUE TD Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) please execute the certificate. YES K NO agent, priar to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 3 should PRIMARY DO ONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year (State) foctory, street, office bldg., etc.) Nat While 12-25-66 at work 21. I certify that I tack charge af the remains described above, held an Autopsy IX, Inspection X ond in my opinion deoth resulted from Natural coures Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer. December 27, 1966 DEPUTY MEDICAL EXAMINER Health Camden Ave. Sa lisbury, Md. Address (Street, city, tawn, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 0 REMOVAL (Specify)
Burial Mount Nebo Columbia FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochanles VR A15ME (5) JAN 6 DATE 6M 1/66

<b>9</b> 1	W		18023	ivision of STATIS	TICAL RESE	MARYLAND STA ARCH AND RECOR ILM G384	RDS, 301	PARTMENT OF I W. PRESTON STE 50/66, mb	IEALTH EET, BALTIMORE, MAI OF DEATH	RYLAND 212	01	300
FOR S	TATE				WED	ICAL EXAMIN	AFK.2					- 40
HEALTH	DEPI.		PLACE OF DEATH D. COUNTY	***				o STATE	(Where deceosed lived, if ins	titution: Residenc	e before odr	nission
any delay is 2, ond 3 to PM3. Poge	t of uth.			Wicomico			/LAND	Dela	aware	20	SSEX	*
delay ond 3 1 A3. Pog	de(	9	<ol> <li>CITY OR TOWN (If write RURAL and</li> </ol>	outside corporate limit give nearest town)	s,	c. LENGTH OF STAY I	N 1b		outside corparate limits, write	RURAL ond give	neorest tow	n)
P. O. A.	portment of after death.			ballsbury					oyville		6-3	DECIDENCE
± - E	Dep rs 99			L OR INSTITUTION (If n				d. STREET ADDRESS	1 D 000			RESIDENCE I A FARM?
th. I ges far	hou	2		eninsula G		-			1, Box 299	11 11	YES	NO NO
r deat ve Pa g with	with the Stote Deportment of within 72 hours after death.		NAME OF DECEASED (Type or print)		LINE	Middle	ST	EWARD	OF DEATH	Month 12-3-		Year 19
s afte 18. Gi	ond2 with the Stote De event within 72 hours	S. :	F F	6. COLOR OR RACE  AA	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED	121	5-9-42	9. AGE (In year lost birthdoy 24 23 yr	rs IF UNDER 1  Y) Months		INDER 24 HRS.
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral directar, Page 4 should be forworded to the Chief Medical Examiner's Office along with farm		1Do duri	ng most of working li	Give kind of work done le, even if retired)	1Db. KI	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Stot	e or foreign country)	12. CIT	IZEN OF WH.	AT
1 24 I in ier's	pages l	13	FATHER'S NAME	ER				DELAW 14. MOTHER'S MAIDEN	NAME	, U.	54,	
ithir enci	8	10.	W/m F	LENAV	57	EWARD		MARC	m 11	000		
e v e		15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 11	NFORMANT DE		Address		
oute 1g : Jical	permit	(Ye	s, no, or unknown)	If yes give war or dotes	of service)		1	MIZD GA	RRISON			
exec			18. CAUSE OF DEA	ATH (Enter only one cau	use per line for	(a), (b), and (c).)			1-0201		INTERVA	L BETWEEN
. pe	buriol-transit mation, or re		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	(o) Mi	ultiple fra	actur	es			Minu	ND DEATH
ord ord e C	on,		823,4	DUE	10							
sho e w	nati	2	Conditions, if ony, rise to immediate	(0) 021103	(b)							
ote g th	crer		stoting the underly								- 112	
fific orde	used os buriol, o		DADT II OTHER SIC	NIEICANT CONDITIONS	(c)	TO DEATH BUT NOT BEE	ATED TO T	UE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o	.1	119. WAS	ALITOPSY
nis cer Ite, wi forw	be use	CERTIFICATION									PERF YES	AUTOPSY ORMED?
ifico d be	pld b	RTIFI	2Do. EXTERNAL CAU PRIMARY  or CON	ISE WAS TRIBUTING 🗆					Port I or Port II of item 18.	.)		
cert cert	files. 3 shoutd ant, prior	AL CE	CAUSE OF DEATH.					o that hit		16	-4.)	(50-1-1)
MIN the	gen 3	MEDICAL	Hour a.m.	RY Month, Doy, Yeor		NJURY OCCURRED Not While	ZDe. PLAC	E OF INJURY (Home, for ory, street, office bldg, et ghway - Rt	m, 2Df. (City or town		**	(Stote)
EXAMINER: cute the cert age 4 should	Poge b ogg	~	1:30 %	12-3-6619	While at wor			0 1		, Worce		
AL Becchir. Po	preserved for your DIRECTOR: Poge of designoted age							d an Autopsy		Inquiry X,		my opinion
Se es	ECT		deorn resulte	dom: Notur	d conses [	, Accident X	, SUICI	de, Homicid		manner		
ME oleo dire	DIR S de		ACTUAL	and &	2		-		DICAL EXAMINER		22. [	ATE SIGNED
O DEPUTY necessary, if	5 may be retained for your files. <b>0 FUNERAL DIRECTOR:</b> Page 3 should be a Heolth or its designoted agent, prior to		EXAMINER'S	Earl L. Ro	yer M.	D. Salisbury	Ma	DEPUTY MEDI	CAL EXAMINER Electrical Country (CAL EXAMINER ELECTRICAL COUNTRY)	Decembe	r 3,	1966
DE:	E E	230	. BURIAL, CREMATION			23c. NAME OF CEMI			23d. LOCATION (City o	or Town)	County)	(Stote)
0 5 ± 1	~ 2 ±		REMOVAL (Specify)	17-	7-66	OLD FIR	FLD	CEMETER	И.	,	USSAX	Da.
		24	FUNERAL DIRECTOR	WATSON+G		LSONADDRESS MI		ORO, 250. REC	D BY REGISTRAR 2Sb	PEGICTPAP'S SI	GNATHRE /	100
VR	A15ME (5) 6M 1/66	Do	odd-Carey	Punchar in	ome, G	sorge town,	Del.	DEZ. DATE	C 2 1 1966	Marl	Symo	7

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18024 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page eath. Wicomico Virginia MARYLAND delay Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) after Chincoteague Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS aminer's Office alang with farm hours in Item 18. Give Pages 1, State [ DOA Peninsula General Hospital 100 Fillmore St. NO X 3. NAME OF First 4. DATE Last Month Year within 72 DECEASED the CLARENCE TAYLOR WILBURT 12-3-66 (Type or print) DEATH 19 with IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Manths 2-9-05 WIDOWED DIVORCED 24 hours and 2 event 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT COUNTRY ? during most af warking life, even if retired) Virginia in any cook pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within Annie Watson Filmore Taylor E pup 17. INFORMANT Alma Taylor, Chincoteague, Virginia 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. shauld be executed permit. (Yes, no, or unknown) (If yes give wor or dates af service) or remaval, 226-14-6799 pending ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit Coronary occlusion IMMEDIATE CAUSE (o) used as a burial-trai burial, crematian, o writing the ward DUF TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO This certificate stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X please execute the certificate. YES 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld its designated agent, priar PRIMARY C or CONTRIBUTING C CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at wark at wark Inspection A 21. I certify that Lioak charge of the remains described above, held an Autapsy Inquiry A and in my apinion death resulted from: Natural causes X Accident Suicide . Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY L. Royer, Earl DEPUTY MEDICAL EXAMINER December 5, 1966 5 may 170 FUNER Health of 09 Camden Ave. alisbury, Md. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, BEMOVAL (Specify) Oak Hall. Virginia 12-6-1966 Downing emetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milanles Judge VR A15ME (5) DATEDEC 8 1966 Salyer Funeral Home, Chincoteague, Va.

My ild

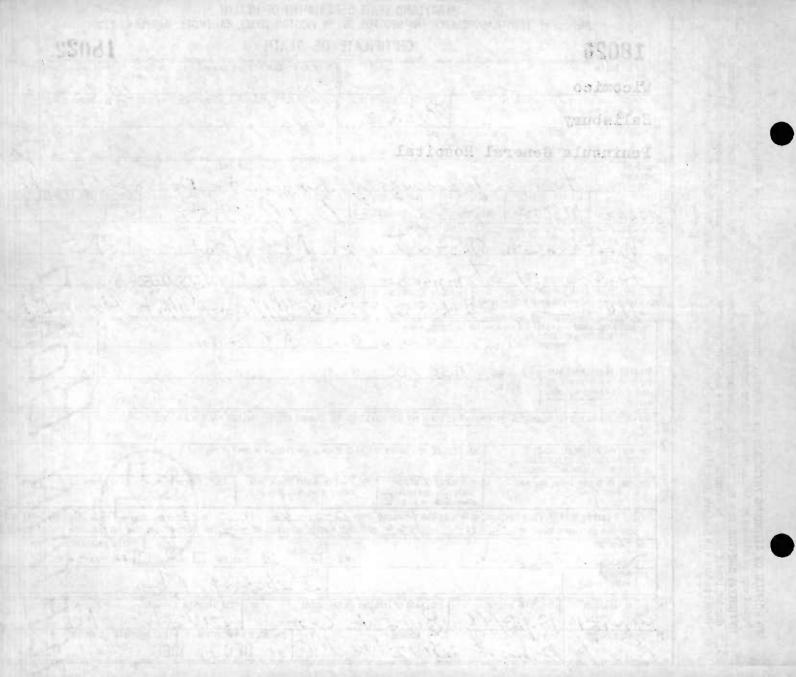
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		18025	CERTIFICATE	OF D	EATH		18022
		PLACE OF DEATH D. COUNTY WICOMICO	MARYLAND	2. USUAL q. STAT		e deceosed lived, if institution: Residue. b. COUNTY	dence before admission)
		<ol> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> <li>SALIS DURY</li> <li>NAME OF HOSPITAL OR INSTITUTION (If not in h</li> </ol>	cottal give street editors	c. CÍTÝ ÓR d. STREET	ask	corporate limits, write RURAL and	
2		Peninsula General	Hospital	u. Jikyci			ON A FARM? YES NO
	-	NAME OF DECEASED Type or print)  SEX  6. COLOR OR RACE 7. M	Middle  Washington  ARRIED NEVER MARRIED 8 8	Los JATE OF	4.	DATE Month  OF DEATH December  9. AGE (In years   IF UND	Doy Year 1966 ER 1 YEAR 1 IF UNDER 24 HRS.
	7	1.11	ARRIED NEVER MARRIED 8.  DOWED DIVORCED	10/	PLACE (County & Str	9 Sost birthdoy) Months	
	duri	ng mon of working the even if retired)  FATHER NAME	Stex Tonger	1	ER'S MAIDEN NAME	(2m)	COUNTRY 2
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, oplunknown) (If yes give wor or dotes of servi	(0)0	FORMANT	Willia	May Address Address	laves, Md.
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse    DUE TO		silar	Art. B	rain	INTERVAL BETWEEN ONSET AND DEATH
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINA	L DISEASE CONDITI	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture	e of injury in Port	I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19			Y (Home, form, ffice bldg., etc.)	20f. (City or town)	(County) (Stote)
		21. I certify that (I) (this haspital saw the deceased alive an 12	) attended the deceased fram 12 -11 1966, and that	1-01- death a	- 66 , 19_ ccurred at <u>4</u> :	M, from causes and on	
		220. SIGNATURE	A.D.		ADDRESS MED	STAFF	DATE SIGNED -//-66
		222 PHYSICIAN'S NAME (Type)		12	Z/156x		
	1	BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify)	23c NAME OF CEMETERY OR CO	REMATORY	2So. REC'D BY	23d, LOCATION (City of Town)  REGISTRAR 25b. REGISTRAN	(County) (Stote) S SIGNATURE
1		/ / W proun	WIVZ/Ve"	1010	DATE DE	C 16 1966 RC	iarles Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and it any event, within 72 haurs after death. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18026 deoth. within 24 hours after death filled in by the funeral popers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH ...COUNTY Wicomico o. STATE b. COUNTY ease remove corbon popers. Pages I ond in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write\_RURAL and give nearest town) Salisbury RANKFOKD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRES ON A FARM Peninsula General Hospital NO 3. NAME OF Lost 4. DATE Doy Year DECEASED OF DEATH TOWNSEN DECEMBER (Type or print) requires that the deoth certificate be executed S. SEX 7. MARRIED AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a. or removol, NKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the otten: buriol-tronsit permi buriol, cremation, o 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE-TO stoting the underlying couse After this certificate has been be detached for use os the State Dept. of Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. LEnter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After nded the deceased fram 1964, 1964, ta 10-22, 1966, that (1) (we) last -22 1966, and that death accurred at 34, M, fram causes and an the date stated above. 21. I certify that (1)/(this haspital) attended the deceased fram. 3 should saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S ALISBURY NAME (Type) CENTER TEDICAL

NAME OF CEMETERY, OR CREMATORY

23d\_ LOCATION (City or Town)

1000

25o. REC'D BY REGISTRAR

U U LAIMO

(County)

REGISTRAR'S SIGNATURE

(State)

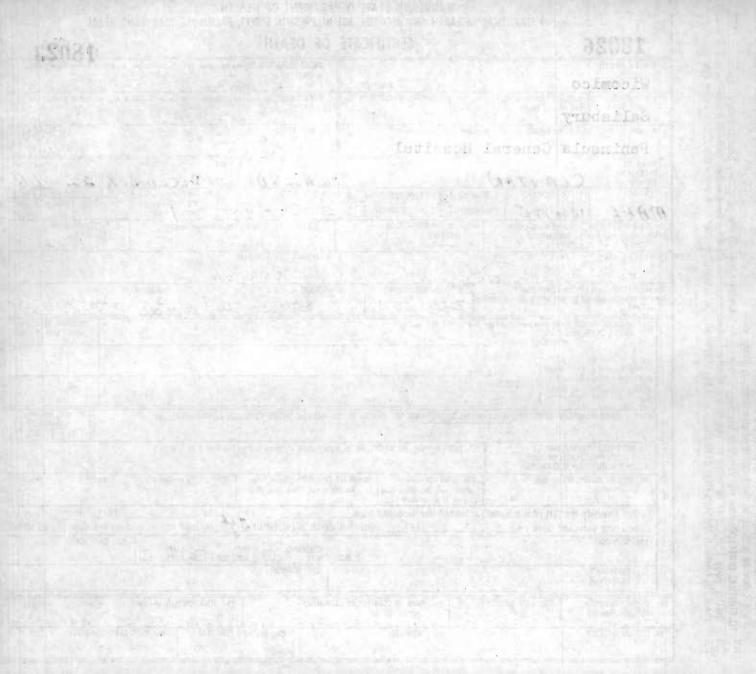
VR A15 (4) 20 M 1/66

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

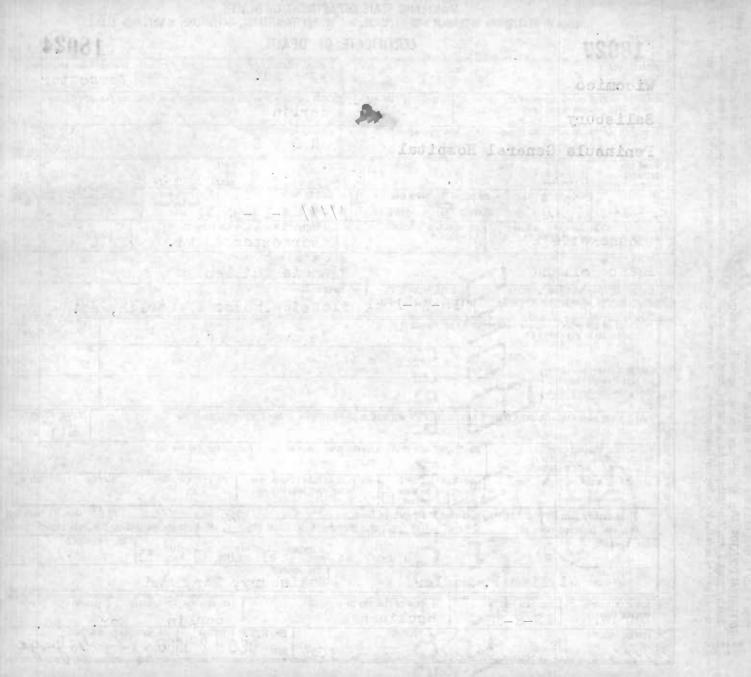
REMOVAL (Specify) SURIA

23b. DATE THEREOF

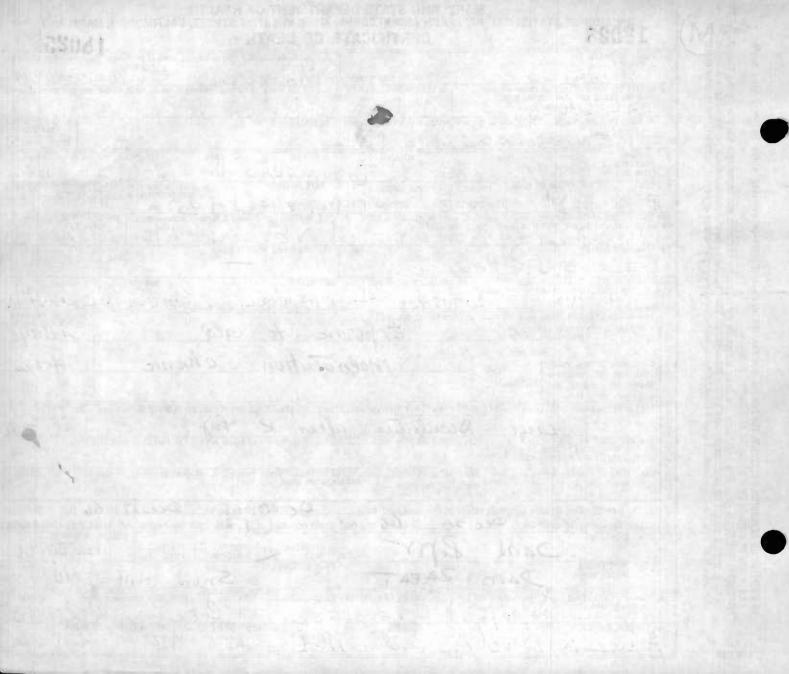


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

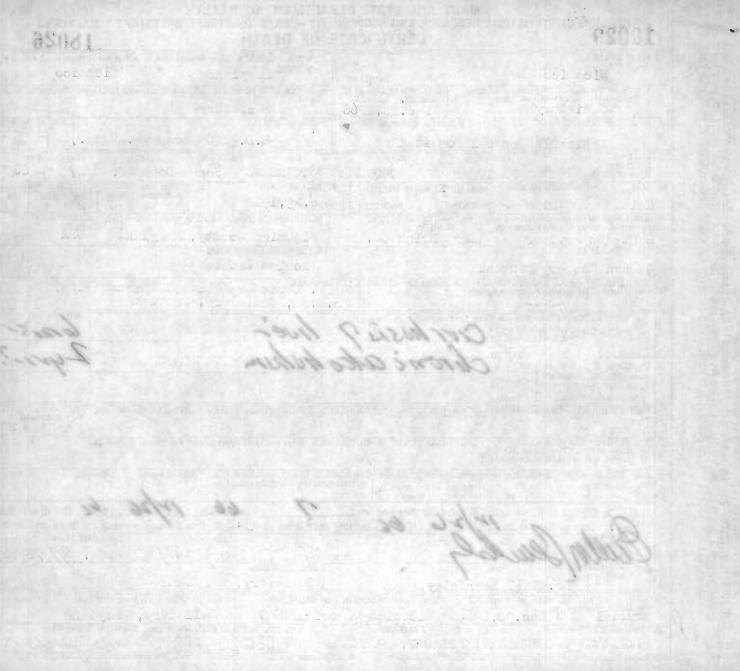
. ~:		18027	CERTIFICATE	OF DEATH		18024
r death.		PLACE OF DEATH COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where dece a. STATE Mid.	eased lived, if institution: Residence b. COUNTY Wor	cester
by the for Pages taurs affe		o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpo Berlin	arate limits, write RURAL and give	
filled in 1 papers. thin 72 ho		A. NAME OF HOSPITAL OR INSTITUTION (If not in Peninsula General		d. STREET ADDRESS  R D # 2		8. IS RESIDENCE ON A FARM? YES NO
ate be executed within 24 hours after train and campletely filled in by the furblese remave carban papers. Pages Jand in any event, within 72 haurs affer		NAME OF First DECEASED (Type or print)  HAZEL	H. Middle TOWNS	INSENCE DEAT	TH DECEMBER	Day Year 5 19 66
and camp remave in any eve	S. 100	1 1111	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH  777 4-1 4-93  11. BIRTHPLACE (County & State, or	9. AGE (In years last birthday) 73 yrs. IF UNDER 1 Manths 73	Days Haurs Min.
cate be	duri	PATHER'S NAME	INDUSTRY	Worcester  14. MOTHER'S MAIDEN NAME	Md. U	UNIRY?
ing phy Then Then emaya		Isaac Holland Was Deceased Ever IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Annie Quille	Address	
ne death attendin permit. ian, or re	(Ye	s, na, ar unknawn) (If yes give war ar dates af sen 18. CAUSE OF DEATH (Enter anly ane cause pe	215-38-1581 F	lossie Thomas	Berlin,	Md.
equires that the death certifications by signed by the attending phybrial-transit permit. Their burial, cremation, or remava		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) _  DUE TO	Carcinoma Ja	olon, metasta	tic to	ONSET AND DEATH
law requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and campletely filled in by the funeral s the burial-transit permit. Their please remave carban papers. Pages Paradiar to burial, crematian, or remaval, and in any event, within 72 haurs after death		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	OCCEPANT 40 11	ver .		2 1005 1
AN: The law re all or attending icate has been far use as the Health priar to	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
できまっち	AL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			
DING PHYS by the has lifter this cel be detache State Dept.	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While at wark At wark	CE OF INJURY (Hame, form, ary, street, affice bldg., etc.)		unty) (State)
OR ATTENDIN be retained by JRECTOR: Afte e 3 shauld be ed with the Sta		21. I certify that (I) (this haspita saw the deceased alive an	1) attended the deceased fram	t death accurred at 3 P.	_M, fram causes and an th	he date stated above  ATE SJGNED
O HOSPITAL OR ATTENE age 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22. PHYSICIAN'S William	P. Saslerm	22d. ADDRESS	PHYS.   /2	17/66.
TO HOSPITAL ( Page 4 may b TO FUNERAL D directar, page shauld be file	230	NAME (Type) William P  BURIAL CREMATION, 23b. DATE THEREOU		Saliabury, I		(County) (State)
5 5 6		EMQYAL SPECTY) 12-8-66	Buckingham	2Sa. REC'D BY REGIS	erlin Wor	IGNATURE Md.
VR A15 (4) 20 M 1/66	3	illian Koskan	k Leocastour	400 DATE DEC	12 1966 gelis	res Judge



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
(M)	18028 CERTIFICATE OF DEATH	n25			
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	PLACE DF DEATH	nce before admission)			
or d	a. oracle	estel			
the the	b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)			
rs Pag urs	SWITTER RURAL and give nearest town)	221			
hou hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, piress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
fille apper n 72	VEALULA (VELES HARD)	ON A FARM?			
hin hin	3. NAME OF First Middle Last   4. DATE Month Di	av Year			
law requires that the death certificate be executed within 24 hours after strending physician.  has been signed by the attending physician and completely filled in by the fast burial-transit permit. Then please remove carbon papers. Pages 1 as the burial-transit permit, and in any event, within 72 hours after prior to burial, cremation, or removal, and in any event, within 72 hours after	DECEASED (Type or print) MAGGIE P. TAWNISONO DEATH DEC. 27	, ,			
com com eve	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEA				
nnd any	WIDDWED DIVORCED NEV 7 1868 98 yrs.	s Hours Min.			
in the second se		EN OF WHAT			
sicia and	HOUSEWIFE HOME NEWARK MD	JSA.			
icate be e physician in please r ival, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
Ting High	GEORGE JR. POWELL				
e di s	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unabown) ((If yes give war or dates of service)	40			
e death certifica the attending ph t permit then lation, or removal	(Yes, no, or unlown) (If yes give war or dates of service) 217-54-6023.7 Ms. GRLTON GWELL BE	RUNKAD			
t pe di	A	TERVAL BETWEEN			
aw requires that the deat thending physician. has been signed by the at as the burial-transit pernorior to burial, cremation,	PART I. DEATH WAS CAUSED BY: Exposure to cold	4 claye			
law requires that tattending physician. has been signed be as the burial-tranh prior to burial, cre	286.5 DUE TO				
sig suri	conditions, if any, which (b) Malnulzition - Chanic	Hears			
requir ding p been the bor	gave rise to immediate ( cause (a), stating the ) DUE TD				
w reend as b	underlying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?			
I: The land or at fificate befor use Health	Lace Deceloilus ulcer R hip.	YES NO			
PHYSICIAN: The law the hospital or atten this certificate as detached for use as e Dept. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Lacy Such Lus Willer & Green Contributing Co				
ING PHYSICIAN I by the hospit After this certi State Dept. of					
the the detail	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour a.m.	(State)			
NG by be be	Hour a.m.  p.m.  19   While   Not While   Pactory, at eat, office blogs, etc.)				
	21. I certify that (1) (this hospital) attended the deceased from Q 2019 66, to DCc 27, 19 66,				
ATTEND retained ECTOR: // 3 should with the	saw the deceased alive on Dec 26 19 Cel; and that death occurred at 1 AM, from the causes and on the d	ate stated above.			
OR ATTENDIO De retained HIRECTOR: Ai Ge 3 should	22a. SIGNATURE  Dani Rep Y M.D. ATTENDING MED. STAFF 12b. DATE:	7011			
AL OR nay be NL DIR page filed		30-00			
TO HOSPITAL OR ATTENE Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) DAVID RAFAT 22d. ADDRESS SNOW HILL	MU.			
FUI FUI	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)			
E E S	1 BURIAL 12/30/67 DIEROFER I PORUM MO	2/1/1			
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE			
VR A15 (4) 15M 4-64	Anna A. Burbage Berlin MA DATE JAN 4 1967 Just	to Judge			
20m T 0T		**			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF BEATTI death. and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. CDUNTY Wicomico Pages 1 after Maryland Wicomico MARYLAND c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Adm. any event, within 72 hours Salisbury Salisbury Dec.20,1966 = e. IS RESIDENCE papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled DN A FARM? R.D.#1(Camden ave. Extd.) Peninsula General Hospital YES NO etely carbon 3. NAME DF Middle Last DATE Month Day Year DECEASED December 66 TOWNSEND PRATT COOPER DEATH 19 (Type or print) compl executed 6. CDLOR DR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days 5. SEX 8. DATE DE BIRTH IF UNDER 24 HRS NEVER MARRIED Dec.25,1922 and White Male WIDDWED DIVDRCED [ 10a, USUAL DCCUPATION (Give kind of work done) 1Db. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician in please r CDUNTRY? pe during most of working life, even if retired) INDUSTRY and Wicomico County, Maryland Soft Drink Co. Route Supervisor certificate 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME remova attending principle. Louise LeCates Warden Cooper Townsend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. MISS. Doris Lee (white) To Address and (wife) the attent 10 (Yes, no, or unkown) (If yes give war or dates of service) death R.D.#1, Salisbury, Maryland Yes War II cremation. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).] ò PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) this certificate has been signed letached for use as the burial-tra Dept. of Health prior to burial, cr DUF TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. WAS AUTDPSY CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES ND JA 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HDW INJURY DCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Dd. INJURY OCCURRED 20f. (City or town) (County) 2Dc. TIME DF INJURY Month, Day, Year DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While retained by at work at work 21. certify that (I) (this hospital), attended the deceased from 19.06, and that death occurred at 5:23M, from the causes and on the date stated above. aw the deceased aliveron 22b. DATE SIGNED ALGNATH I ATTENDING PHYS. director, page should be filed DIRECTOR PHYS. Page 4 may b M.D. FUNERAL 22d. ADDRESS PHYSICIANIS NAME (Type) /22c. Salisbury, Maryland Beardslev 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY REMDVAL (Specify) 2 Salisbury, Maryland Dec.30,1966 Wicomico Memorial Park REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18030 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please rémave carban papers. Pages 1 and avel, and in any event, within 72 haurs after degit PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) since 6/21/66 Salisbury Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO DO Pine Bluff State Hospital 25 Sanford Avenue 3. NAME OF Middle 4. OATE Month Doy Year DECEASEO James Wesley Trader December 1966 (Type or print) DEATH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Doys Hours male white WIDOWED | DIVORCED Feb. 20,1877 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Worcester Co., Md. U.S.A. laborer - retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME David Trader Mary Ennis 17. INFORMANT Records of Pinderess Bluff 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 216-01-4569 State Hospital. Salisbury. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Senile Degeneration IMMEDIATE CAUSE (o). the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar ta Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? far use Pulmonary Tuberculosis NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that 10 (this haspital) attended the deceased fram June 21, 1966, ta Dec. 27, 1966 that (1) (we) last saw the deceased alive an Dec. 27 1966, and that death accurred at 6:45M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNEO MEO. STAFF PHYS. ATTENDING □Dec. 28, 1966 X DIRECTOR M.O. 22d. ADDRESS Pine Bluff State Hospital 22c. PHYSICIAN'S NAME (Type) Ritchings. M.D. Salisbury, Maryland- 21801 directar, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) Baltimore, Md. 12-30-66 Loudon Park 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles Inge 1966

and the first reality and the first the first of the firs The second secon 

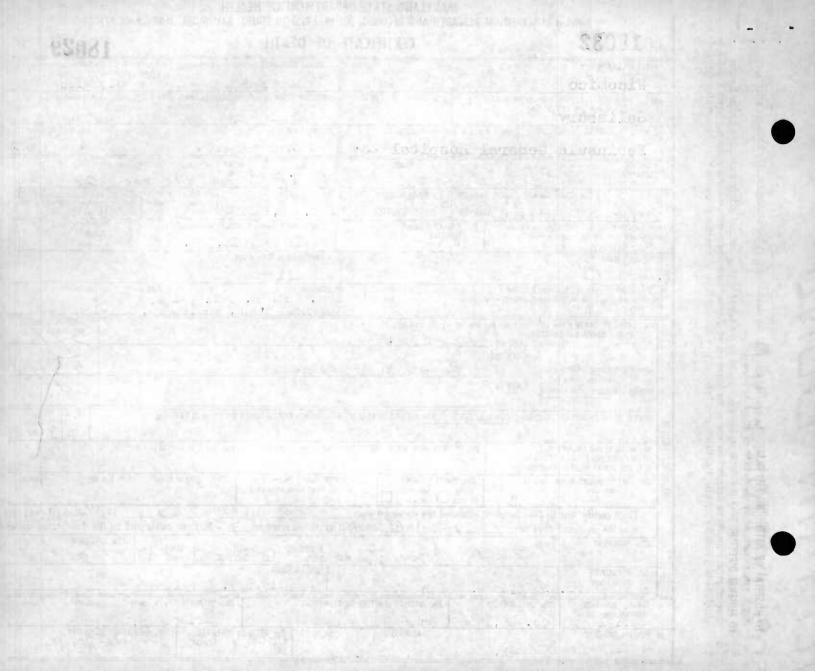
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death. death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funerol Wicomico o. STATE b. COUNTY ind in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS NO Peninsula General Hospital YES lease remove corban 3. NAME OF Lost 4. DATE Month Doy Year completely DECEASED Type or print DEATH requires that the deoth certificate be executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ATERMAN 14. MOTHER'S MAIDEN NAME buriol, cremotion, or remover MOORE 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Poge 4 may be retained by the haspital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been director, page 3 shauld be detoched for use os the shauld be filed with the Stote Dept. of Health prior to مسعم lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After , 1966, that (I) (we) last 21. 1 certify that (1) (this hospital) attended the deceased from 12-2/ 1966 to 12-22 sow the deceosed olive on 12-22 1966, and that death occurred at 6 2 M. from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR - 22-66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 59/15/3V 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR EREMATORY (County) (Stote) 23g. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

oo imoo ii Callaburg Peninaula General Hospitel the second pulling a second research to the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18032 CERTIFICATE OF DEATH ficate be executed within 24 haurs after death death and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY
Wicomico g. STATE b. COUNTY ve carban papers. Pages I event, within 72 hours after MARYLAND Maryland Wicomico b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital DOA Cromwell Road YES NO X 3. NAME OF Middle 4. DATE Last Day Year DECEASED (Type ar print) Earl DEATH cember 66 IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO last birthday) Manths Days Haurs and in any WIOOWEO OIVORCED Oct. 22,1911 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during mast of warking life, even if retired) **INOUSTRY** COUNTRY? physician Philadelphia, Pa. Salesman nnliance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, J. Earl Tull requires that the death cert Nellie Lawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) Mrs. Ruth B. Tull (Wife) Cromwell Road, Salisbury, Maryland 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to I last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Oay, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While 19 at wark at wark , 19 64 to 12/2/ , 1966that (1) (we) last 19 66, and that death accurred at 3 PM, from causes and an the date stated above. saw the deceased alive an 1.20 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland William B. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Crisfield. Sunny Ridge Cemetery 25b REGISTRAR'S SIGNATURE AODRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR liances VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18033 CERTIFICATE OF DEATH and in any event, within 72 hours after death. within 24 haurs after death. by the funeral Pages 1 and 2 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH d. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury IS RESIDENCE ON A FARM? ease remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS completely filled in AIN OAD NO Z Peninsula General Hospital NAME OF 4. DAT Year Manth Day DECEASED ECEMBER (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR SEX AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Months Days Hours 7-1880 DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) QUNTRY? physician AND REK 13. FATHER'S NAMI 14. MOTHER'S MANDEN NAME mayor SHER attending 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, ar unknown) (If yes give war or dates af service) 0 OWA crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO burial, Conditions, if ony, which gove rise ta immediate couse (a), DUF TO stoting the underlying cause Page 4 may be retained by the hospital or attending prior to for use as the WAS AUTOPSY PERFORMED? has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) led with the State Dept. of Health SCVD NO this certificate 20g. ACCIDENT WAS LINDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Nat While at work at work O FUNERAL DIRECTOR: After 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 12-10 1966 19 66, and that death accurred at 822/AM, fram causes and an the date stated above. saw the deceased alive an 12-13 22o. SIGNATURE 22b. DATE SIGNED. STAFF PHYS. director, page 3 should be filed w M.D. DIRECTOR 22d. ADDRESS 22c HYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. DORIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) MOVAL (Specify) JOHNS 2Sa. REC'D 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4)

ere er 110001 ( 143 L Perdanula Heneral Honoltal Cranta Markerto SUMMERS OF THE DESIGNATIONS Trace of the state of the s THURSE SHOW CHANGE HISTORY SEED STORE LEGISTE No. of Control of Cont MANAGE STATE and the second point in the first of the Chamber of the state Although Association of the State of the Sta TO THE RESERVE THE PARTY OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18034 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), PLACE OF DEATH o. STATE Warvland o. COUNTY Wicomico b. COUNTY Somerset MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b attending physician and campletely filled in by the permit. Then please remove-carbon papers. Pages an, ar remayal, and in any event, within 72 hours aff write RURAL and give nearest tawn) yr. Princess Anne e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Antioch Ave. Springhill Sanitarium NO PO 3. NAME OF Middle 4. DATE First DECEASED December 10 66 Webster Eva event DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED los prthdoy) Months Dovs Hours June 6, 1873 White Female 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of working life even incetired) INDUSTRY Wicomico Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, Alice J. Absolum Thomas Young 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service Irs. Mabel Wilson, Princess Anne, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. bral artino Sileroni DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO ficate has been s far use as the b f Health priar ta b stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate has NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., e(c.) 19 at work ot work pe 1964, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from 1966 shauld directar, page 3 shauld shauld be filed with the 19/9 6, and that death occurred of M. from couses and on the date stated obove. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23d. LOCATION (City or Town) (County)
Mt. Vernon; Somerset 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL CREMATION. Co By REMOVAL (Specify) Asbury Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS Anne. Princess VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

TSB31 analysis in the state in distribution of the AND THE PERSON NAMED IN COLUMN TO PARTY AND PARTY AND PARTY AND PARTY. the property of the second of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COLINTY b. COUNTY a. STATE after Wi comi co the MARYLAND Marvland Wicomico by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adm. hours oon papers. Pag within 72 hours E Salishurv Hebron d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Culver Street YES NO executed within completely 3. NAME OF First DATE Month Year Middle Last Day DECEASED event, (Type or print) GLEAMON EARL. DEATH WEBSTER 19 66 December 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED emove last birthday) Months Davs Hours any and WIDOWED DIVORCED June 12, 1895 Male White physician a .5 10a, USUAL OCCUPATION (Give kind of work done l 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? and Shirt Company Manager Deal Island, Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending permit. Then Emma Graham David Vehster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Della F. Webster (dife) by the atte 212-10-2709 Culver Street Hebron, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH led by PART I. DEATH WAS CAUSED BY: been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO this certificate has beed detached for use as the e Dept. of Health prior to cause (a), stating underlying cause last, (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ! NO L 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DR: After this could be deta the State De factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING P at work p.m. 19 at work 19 C that (I) (we) last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:45 M. from the causes and on the date stated above. 21-15 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING PHYS. MED. Page 4 may b M.D. DIRECTOR ADDRESS PHYSICIAN'S 22d. NAME (Type) Earl Rover Camden Avenue, Salisbury, Md. Dro BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF Hebron, Maryland Dec. 18. Burial Hebron Cemeterv REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) HOLLOWAY & COMPANY, SALISTURY, MARYLAND 15M 4-64

\* 15 Mululia C.A. 45 4 .40 21 21-21 12-21-5 Confermed to the server of the 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18036 CERTIFICATE OF DEATH and 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and nation or command, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence o. STATE Maryland a. COUNTY b. COUNTY Queen Anne Wicomico MARYLAND c. LENGTH DF STAY IN 16 c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) 6 yrs.7mo. Sudlersville, R.F.D.#1 Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Deer's Head State Hospital YES NO NAME OF Middle 4. DATE Last Dov Year DECEASED Weller Elwood Jacob DEATH 1966 Dec. (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH NEVER MARRIED 68 birthday) Days Hours Male White April 17,1898 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Farmer Farming Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addie Woolevhan Jacob Weller 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknawn) (If yes give wor or dotes of service) 17. INFORMANT R.F.D.#1 16. SOCIAL SECURITY NO. Address Mrs. Ethel M. Weller, Sudlersville, Md.21668 No. 221-16-6742 crematian INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Morulation YES X NO [ 205. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from May 2 19 60 to Dec. 2 , 1966, that (1) (we) lost and that death occurred at 1:25 PM, from couses and on the date stated above. Dec. 2, 166 sow the deceased glive or 22a. SIGNATURE 22b. DATE SIGNED ATTENDING D Dec. 3, 1966 DIRECTOR director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Maldve, M.D. Deer's Head State Hospital NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION (County) BUTTAL Specify) Sudlersville Cemetery Md. Dec.6,1966 Sudlersville, Q.A.Co; 2Sb. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Millington, Md. 21651 Edward Fellows. VR A15 (4) 20 M 1/66 1966 DEC 6

18033			38091
2000			
			hold not a
			orack for
4			viscos Tust
	Barris Bart Children		
A P P		07. 1000	The state of
	shipuloed side		Tella donati
, desired	nc. Pier M Lagr	64 - 31 - 115 - 11 - 115 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13	
, dverel	nc. Pier a lage and		
Average of the second			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18037 CERTIFICATE OF DEATH **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. death campletely filled in by the funeral are carbon gapers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Wicomico a. STATE b. COUNTY Maryland Dorchester MARYLAND hours after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write\_RURAL and give nearest tawn) 15 days Hurlock. Salisbury burial-transit permit. Then please remave carbon-papers. burial, crematian, ar remaval, and in any event, within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO X 3. NAME OF 4. DATE Doy Year DECEASED Virginia Hastings (Type or print) DEATH S SEX 6. COLOR OR RACE AGE (In years 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours July 6, 1897 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Housework INDUSTRY COUNTRY? attending physician permit. Then please Home Dorchester, Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles W. Hastings Ida Virginia Mowbray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (If yes give wor or dotes of service) 220-16-9458 Mrs. Francis Leh, Hurlock, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the priar tak has been last. 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. af Health 17-9-66 NO Kepein this certificate 20g. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc. Haur a.m. Not While at work TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram. . 1966, that (I) (we) last 19 6 6 , to\_ 19 19 64, and that death accurred at 10 10 A M, from causes and an the date stated above saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. directar, page 3 shauld be filed v 12-21-66 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MEDICAL CENTER -OALISTLEY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Dec. 23, 1966 East New Market East New Market, Dorc. 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frankling 1 Home VR A15 (4) 20 M 1/66 1366

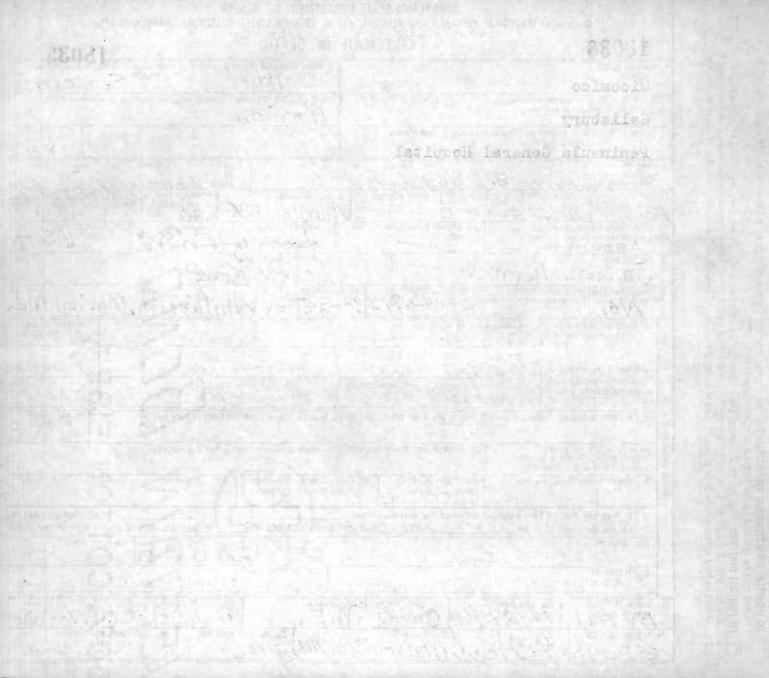
Federalsburg, Md.

Framptom

E PROPERTY.			1802
181181			
TOWN PINC	and the second		vil contact
	24.736		gweatist
		Indhieofi Leren	Poptannia Ge
		A Vigotoria continuo a	
	1 cent of century		
	on fraction of the control of the co		
	vary at the figure of the	and the management	all M. mai vante sa
	. Noolous Jack Many 1 . 12"	57 A 9-67 - 024 F	
	material (Company)		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18038 within 24 hours after death by the funeral Pages 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Wicomico b. COUNTY bon papers. Pages I , within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) a)1101 Salisbury filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Peninsula General Hospital 3. NAME OF 4. DATE Last Month Year in any event, wit Day campletely DECEASED OF 19 (Type or print) DEATH car executed S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED birthdoy) last Manths Days Hours WIDOWED DIVORCED yrs and 12. CITIZEN OF WHA 10g. USUAL OCCUPATION (Give king of work done 10b. KIND OF BUSINESS OR requires that the death certificate be during most af working life, even if retired) INDUSTRY attending physician permit. Then please Laborer 13. FATHER'S NAME MOTHER'S MAIDEN NAM burial, crematian, ar remaval INFORMANT 16. SOCIAL SECURITY NO (If yes give war or dates of service) on Marion 1 INTERVAL BETWEEN ONSET AND DEATH signed by the c burial-transit p 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: EMOGRAACE BARFOSTONFAL IMMEDIATE CAUSE (o) ar attending physician. DUE TO GENEBALIZED Canditians, if any, which gave ITONITIS rise ta immediate cause (o), DUE TO has been see as the stating the underlying couse Health priar ta TUBO-OVABIAN -BT last. far use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES | NO this certificate Page 4 may be retained by the haspital 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) af OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While at wark at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 1966 ta 1966, that (1) (we) last directar, page 3 shauld shauld be filed with the 32 PM, from couses and on the date stated above. saw the deceased olive on 19 ( c , and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) SALISBU BY BLOXOM DICALCENTER BURIAL, CREMATION, 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S STENATURE

VR A15 (4) 20 M 1/66



<u>-</u>	1	DIVISION OF STATISTICAL RE	CERTIFICAT	E OF DEATH	1	18036
deat	1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE		Institution: Residence before admissio DUNTY
alle )	_	Wicomico	MARYLAND		yland	Wicomico
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give nearest tow
Ų	-	d. NAME OF HOSPITAL OR INSTITUTION (if not	In hoosital, also street address?	Sal	ishury	02.1
ı	1		The second secon	d. STREET ADDRESS	8/1/2	e. IS RESIDENC ON A FARM?
2		Peninsula General Hos		411	Mount Street	YES NO 2
	3.	DECEASED	Middle	Last	OF .	onth Day Year
	5	(Type or print) MILLARD SEX   6. COLOR OR RACE   7 MARR	BYRAN	WILLIAMS		ember 2 1966
	Ŭ.	7. MARR	TEVER MARKIED	B. DATE OF BIRTH	last birthda	rs   IF UNDER 1 YEAR   IF UNDER 24 HR y)   Months   Days   Hours   Min
	10:	Male White WIDOV		Oct. 4, 1899	67 yrs.	1 28
	941	ing most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign cour	itry) 12. CITIZEN OF WHAT COUNTRY?
		(etired)Auto Mechanic			County, Marylan	nd USA
	13			14. MOTHER'S MAID	DEN NAME	
	15	George H. Williams		Irene Fi		
	(Yi	es, no, or unkown) (If yes give war or dates of service)	l A	INFORMANT Irs. Nettie	May Williams	ress (Wife)
	_		214-10-7695   1	111 Mount St	reet, Salisbu	ry Maryland
		18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]	.00	,	INTERVAL BETWEEN
١		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	murally	1 cler	momatic	Des 3-6m
		151X DUE TO	1111		2	
		conditions, if any, which gave rise to immediate (b)	whenon	a Ad U	ancela	6 1-2/2
		cause (a), stating the DUE TO		//		
1	2	underlying cause last. (c)				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
١	FIC/					YES NO
	ERT	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part I	of Item 18.)
ı			N/A			
1	MEDICAL	Have a	factor	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
	ME	1 441	vork Not While at work			
		21. I certify that (I) (this hospital) atte	ended the deceased from	1/1/	966, to 12.2	, 1960, that (I) (we) la
١		saw the deceased alive on 17/5	19.66, and that	death occurred at8	:55 M, from the cause	es and on the date stated abov
		22a. SICNATURE	, ; //	ATTENDING 4	ALD STATE	22b. DATE SICNED
1		HULL	Ull M.D	ATTENDING PHYS.	MED. STAFF PHYS.	Dec. 2 /1966
		22c. PHYSICIAN'S NAME (Type)	210/0	22d AODRESS	1.1/2	10,15.11
		1777	11818	1/1/11/11	rai in	18 Salida mi
	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
	-	Burial   Dec. 5.1966	Shad Point Ce	metery	Wicomico	County Maryland
	24	FUNERAL DIRECTOR	ADDRESS			RECISTRAR'S SIGNATURE
		HOLLOWAY & COMPANY, SA	LISBURY, MARYLAN	DATE		0 0

-

1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18040 CERTIFICATE OF DEATH death. by the funeral s. Pages 1 and 3. 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico a. STATE b. COUNTY and in any event, within 72 haurs after MARYLAND Maryland c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 16 Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled in Peninsula General Hospital YES NO F.D.2 Spring Hill 3. NAME OF Middle 4. DATE Lost Doy Year DECEASED Suter (Type ar print) DEATH rentificate be executed S. SEX 6. COLOR OR RACE AGE (In years IF UNDER I YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Days WIDOWED DIVORCED ugust 3,1901 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) **INDUSTRY** COUNTRY? attending physician permit. Then please Virginia

14. MOTHER'S MAIDEN NAME Chef 13. FATHER'S NAME burial, crematian, ar remaval, Della Bedford Willamson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dates of service) 265-03-8667-A Helen Willamson Salisbury 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) While Not While at wark at wark 1966 10 21. I certify that (I) (this hospital) oftended the dereosed from 100.11 19 and that death accurred at F 3 M, fram causes and an the date stated above. saw the deceased alive on\_ 22a. SIGNATURE. 22b. DATE/SIGNED ATTENDING M.D. PHYS. PIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICHAN'S NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY (County) (State) REMOVAL (Specify) Springhill Memory Gardens 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

em des Applications de la company de la comp TEHE! Penignala Limerel Hospitsal